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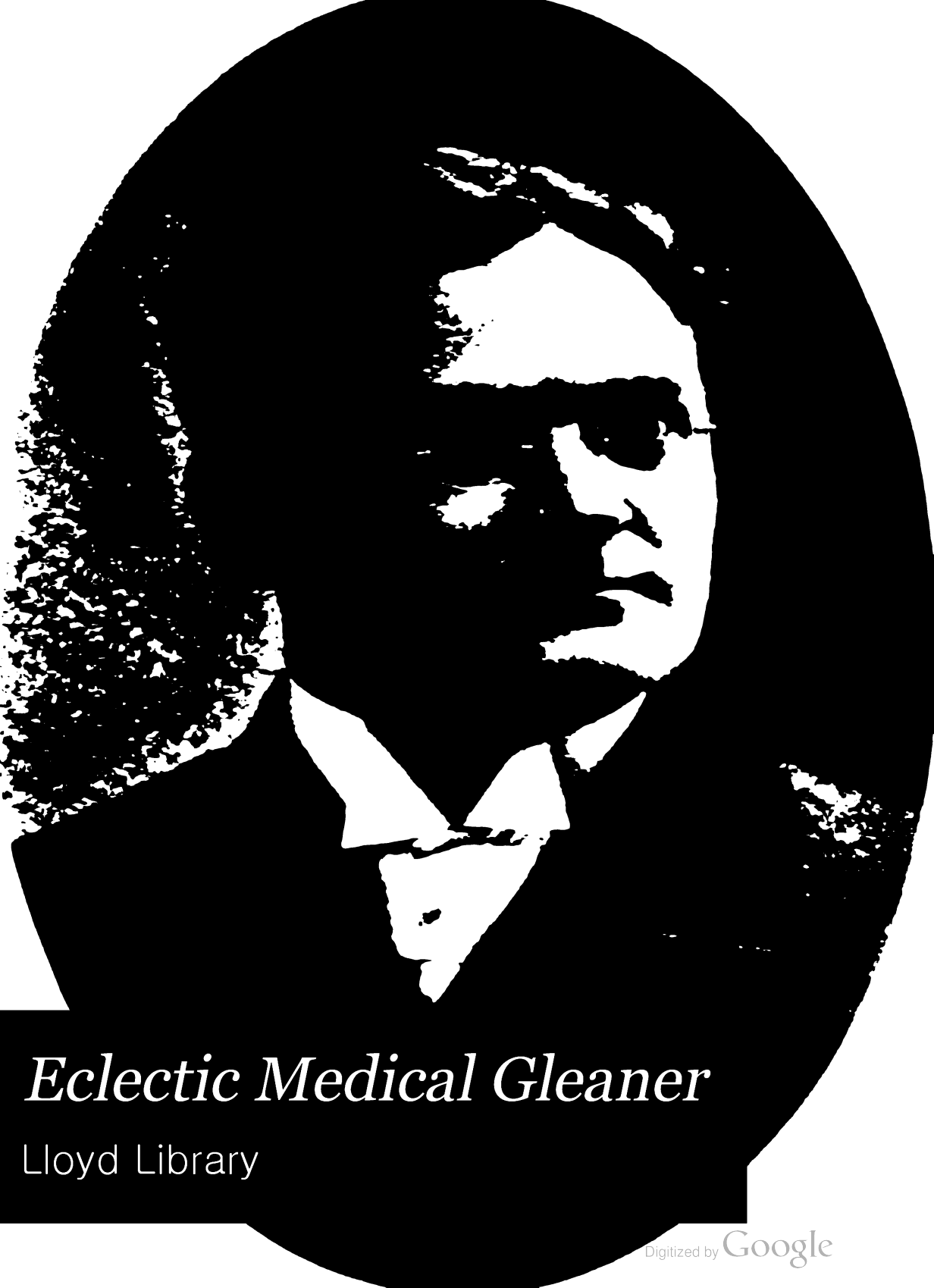
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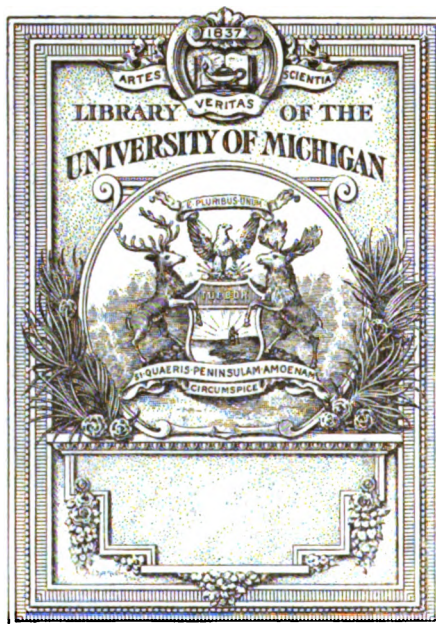
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# *Eclectic Medical Gleaner*

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NEW SERIES.

VOLUME II.

# THE ECLECTIC MEDICAL GLEANNER.

(PUBLISHED UNDER THE AUSPICES OF THE LLOYD LIBRARY.)

1906.

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HARVEY WICKES FELTER, M. D., Editor.

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J. PAUL HARVILL M. D.,

President of the National Eclectic Medical Association, 1905-6.

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## EDITORIAL.

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**J. PAUL HARVILL, M. D.**—For the third time in the history of the National Eclectic Medical Association has the choice of President fallen in the Southland. That there is no North, no South, but one united Eclecticism was emphatically declared by that act of the association in annual conclave at Saratoga last July. The splendid work that has been done in the past, and is being done now for our school in the South, merits this honor. The mantle could have fallen upon no better worker than the young, energetic champion of Eclecticism and specific medicationist, Dr. J. Paul Harvill, of Nashville, Tenn., who has been chosen to preside this year over the deliberations of the national assembly at Put-in-Bay, Ohio.

J. Paul Harvill was born December 6, 1871, on a farm on Duck River, in Hickman County, Tennessee. His father was Y. J. Harvill, of English and Scotch descent, while his mother, Anderson by name, came of Irish and Scotch extraction. His grandfather's great-grandfather was the captain of an English transport, who emigrated from England to North Carolina about 1760. Our subject has, therefore, a strong British backing. Dr. Harvill's parents were both of the old school Baptist or "hard-shell" persuasion, his father officiating as a clergyman of that denomination for thirty years. Having taught school also for several years, and holding decided opinions on the value of an education, the Rev. Mr. Harvill put his son into the public school early, and was very strict in compelling his attendance until he was



fifteen. This schooling, with the occasional advantage of a few months in the winter or subscription school, constituted the doctor's early educational opportunities. He subsequently (at sixteen) entered the Edgewood (now Dickson) Normal School, attending one term, after which he was compelled to teach a term in the public school to defray expenses. After providing the necessary funds he resumed his studies in the normal school, from which he graduated a Bachelor of Science in June 6, 1891. He then, June 30, 1891, married Miss Minna Haynes, the teacher of music in that school. Having determined to be a teacher he journeyed to Clarkton, twenty-five miles from his brother's home (Corinth, Miss.) to ask for the principalship of the Clarkton High School. The Board gave him encouragement. Of his return, Dr. Harvill says: "I began my journey of twenty-five miles through the swamps to my brother's home. Thinking over my future life, and feeling that I was brought face to face with *real* life, having had hitherto fairly easy sailing, I became very despondent. As I approached the western side of the great swamp, and as the sun was setting dimly behind the dense forest, my sadness and gloom approached desperation. Fortunately for me, at that moment a great desire, as well as determination to study medicine came over me and again life seemed worth the living." This was the pivotal point in his career. The directors of the Clarkton school met and elected him principal, a position he then declined in order to enter upon his new work.

Dr. Harvill matriculated in the Medical Department of the University of Tennessee, but on account of financial stress did not finish the course. The State Board of Medical Examiners granted him a certificate to practice, and he at once opened an office in Nashville. During his earlier life he had been obliged to borrow large sums of money to provide for his education and subsistence. In seven years from the time he began practice he had paid all indebtedness and had made enough money to remove with his family to Atlanta, Ga., where he entered the Georgia College of Eclectic Medicine, from which institution he graduated with honor in April, 1901, receiving a medal for his proficiency in anatomy. While in college he organized a Specific Medication Club for students only, in which he was elected president. This society still flourishes and is a strong factor in the educational policy of the college. Each year a gold medal is offered by Dr. Harvill to the

graduate showing greatest proficiency in specific medication. After graduation, Dr. Harvill returned to Nashville, locating where he began to practice, and where he is now one of the leading physicians. Dr. Harvill has served the Tennessee Eclectic Medical Society as President and Secretary; is a member of the Georgia Eclectic Medical Association; and was elected First Vice-President of the National at Chattanooga in 1901. Last year the National Eclectic Medical Association, in session at Saratoga Springs, N. Y., conferred upon him the highest honor in her gift.

Dr. Harvill is a sturdy type of the later day Southern gentleman. He is of medium height, has dark curling hair and blue eyes. He is affable to a degree and his handsome countenance is expressive of firm determination born of his British and Southern ancestry. In the South he is a force in Eclecticism and has done much to further the interests of the school in that section of our country. A conscientious worker, a strong leader, and a good organizer, the National and the Eclectic profession look forward to a successful year under the executive guidance of J. Paul Harvill, M. D.

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**GREETING.**—The Editors of the *GLEANER* wish to all mankind and to physicians and pharmacists in particular, of whatever creed or belief, a most prosperous and **HAPPY NEW YEAR**.

**1905.**—At the beginning of this, the second year of the *GLEANER*'s existence as a new series, we can look back with some degree of pride over the record of 1905. Last year we made some promises. Have we kept them? We promised to furnish a journalistic record that would be of educational value and practical assistance to the practitioner; a periodical in which the best thought of the medical world would be preserved, and in which particular emphasis would be laid upon Eclectic medicine and medicines. This we believe we have done. No personalities, no petty news notes, no answers to correspondents, no self-adulation, no factional medical politics, no puns, no selections that would cause the blush to appear, no idle and irrelevant prattle, have entered its pages. We have kept the faith, have been fair to all schools of medicine, and not abusive of any, but have sought only to elevate the tone of Eclectic literature and to serve the best interests of the practitioner of medicine at large. We promised 480 pages of reading matter; we have given 514 pages, with twenty additional pages of

indices. No portraits were promised; twelve half-tones in the best style of the engraver's art, and thirty-eight line cuts have appeared during the year. Biographies of conspicuous Eclectics, living and dead, have appeared in each issue, and these were to the living subject so treated as much of a surprise as they were to the reader. Only personal, professional, or historic worth can secure such mention in the GLEANER. Every Eclectic journal in America has been laid under tribute, carefully abstracted, and has been presented to GLEANER readers fairly, by means of the letter and the spirit of current articles reported. If adverse comment and strictures have occasionally appeared they have been indited for the good of Eclecticism, and have been so accepted. In the year's issue has been kept a complete record of the thought and practice of Eclectics all over the land, as expressed in original papers. The GLEANER of 1905 is an encyclopedia of exceptional value that will grow more valuable as time passes.

**THE INDEX.**—Let us refer with pride to the complete author's and subject index furnished with the 1905 volume, and note its significance. Be pleased to observe that it is not only an exhaustive cross-index to every topic referred to in the year's issue, but it also serves as an "INDEX MEDIOUS," showing where may be found *every original article appearing in all the Eclectic journals during 1905*. To our knowledge this valuable feature has never before been attempted in our literature.

**PUBLISHER'S DEPARTMENT.**—The many-sided and greatly varied outreach that has been successfully carried out in this department alone constitutes a journal of a peculiarly valuable type. It is needless to more than refer to the fact that this is a greatly appreciated section of the GLEANER, carrying as it does rich treasures from that great storehouse of knowledge, the LLOYD LIBRARY, as well as the best thought of one who is a recognized authority upon all that he writes.

**1906.**—The hearty support and cheering and encouraging letters lend us courage to begin the new year. The GLEANER makes no rash promises. If possible, this year's publication will be an improvement on that of 1905. If possible, we say, for this depends largely upon the care exercised in the publishing of our various journals, in presenting legitimate and valuable articles, and upon the qualifications of the writers who furnish them. Only out of

good material can we construct a good structure. The GLEANER is a gleaner and commentor only, and for the good of its people as well as of itself prefers to glean where the harvest is ripe and golden. We fancy, at least, that we can see a more exalted dignity in our journalistic literature of the past year. Let us hope that the GLEANER's pages and example may inspire all friends of Eclecticism to a deeper interest in the welfare of Eclectic journalism.

The GLEANER will be kept clean both in its body and its advertising pages. As in last year's volume, "reading notices," that most detestable of commercial forms of medical advertisement, will be conspicuous by their absence. We regard the Eclectic physicians of our land as too broad and cultured to be fed upon such pap.

Again we wish you, one and all, a most Happy New Year.

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**THE INDICATED REMEDY—ACONITE.**—No remedy occupies a more conspicuous place in modern Eclectic medication than *Aconitum napellus*. The earlier Eclectics knew but little concerning it and did not employ it in practice. With the advent of specific medication, however, it became a very conspicuous remedy, having been borrowed from Homeopathy, but introduced to Eclectics with new indications as a special sedative. It was introduced into medicine by Baron Störck, of Vienna, about 1762. The field covered by aconite as a remedy is that in which there is a dilatation and want of tone in the capillary circulation. It then moderates the frequency of cardiac action, increasing the power of the heart and the tone of the blood vessels. Asthenia and debility then are the keynotes to its selection, and if to these we add pain when due to debility and nervous irritation, other evidences of weakness, we have the scope of usefulness for aconite as a remedy when administered in the small or fractional doses. Large doses paralyze the respiration and the heart. The leading classic Eclectic or specific indication is a frequent but free flow of blood with active but markedly feeble capillary and general circulation as evidenced by "a frequent, small pulse, a hard, wiry pulse, a frequent, open, and easily compressed pulse, a rebounding pulse, or an irregular pulse." Given under these conditions in the minute dose it is pre-eminently an equalizer of the circulation and is remedial in those cases depending upon asthenia or adynamia. Note its special remedial

power in cases showing the following specific indications and uses: "The small and frequent pulse, whether corded or compressible, is the direct indication; asthenic febrile state, with or without restlessness; chilly sensations; skin hot and dry, with small, frequent pulse; irritation of mucous membranes, with vascular excitation and determination of blood; hyperemia; tonsillitis and laryngitis, early stage; simple colitis; some cases of hemorrhage." It is often called the child's febrile sedative, and no statement in medicine is nearer the truth. It will be observed that its dosage, and therefore its action, is directly opposite that ascribed by old-school authors wherein they declare it a remedy for sthenic conditions, and accordingly give large doses; hence, the frequency of cardiac depression resulting therefrom.

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**LOBAR PNEUMONIA.**—Standing shoulder to shoulder with the great white plague, with diphtheria, with typhoid fever, and with carcinoma, we have the almost equally dreaded lobar pneumonia confronting us about eight months of the year. So common and so fatal has the latter become in some quarters and some seasons of the year, that the whole medical world has been aroused to the importance of restudy of this disease in every conceivable manner, in the hope that we may eventually obtain the mastery over this fearful invader. Statistics, particularly those incorporated in our census, show this to be the "most widespread and fatal of all acute diseases." Its mortality is increasing to an alarming extent so that the death rate now ranges from 10 to 40 per cent. In the restudy of this disease, investigations have been conducted along many lines, including local refrigerating methods; the search for a serum that will control it and render one immune to it; and the revival of the barbarous bleeding of the olden time. It is not for us to decry these investigations, some of which may or may not lead to improved methods—perhaps drugless methods of controlling pneumonic invasions. We would not, however, be true to our faith did we not protest against the last-named method, not because it was one of the barbarities against which the early Eclectics fought, but because it was fully tried many years ago, and found not only wanting in therapeutic benefits, but that it actually "slew its thousands." The Eclectic profession has long believed that the high mortality of pneumonia is due to over-

medication—to undue heroic treatment, whether medicinal or otherwise. Just in proportion as heroic treatment prevails, can we figure out the probable mortality. Eclectics believe that pneumonia yields well to careful medication. They also believe that non-medication is preferable to heroic medication. No Eclectic believes that it is necessary, or even justifiable, to permit from 20 to 40 per cent of his pneumonic cases to die. The experience of Eclectic physicians runs counter to that of those who express a belief that such a mortality can not be prevented. On the other hand, we do not believe that the mass of Eclectic physicians will agree with those over-enthusiastic Eclectic doctors who make the exaggerated statement that the Eclectic practice does not or should not lose more than 2 per cent of pneumonia patients. We have in pneumonia a fearful disease to combat—one that strikes at the very centers of life. Those who observe must surely see that even the Eclectics, with a still better perfected medication than that of their ancestors, lose more cases than their predecessors a few years ago. There are considerations non-medicinal to account for this, and chief among these is the incalculable havoc wrought by influenza and by increase in habits of intemperance and the consuming of vicious drugs and tobaccos. It does not concern only the temperance advocate that over a billion dollars a year is spent in the United States for malt and spirituous liquors. The doctor must take this into consideration in rating the mortality of such diseases as pneumonia. The poverty entailed in years of business depression, causing many to be without the necessities of life or proper heat and raiment to protect the body against pneumonic invasion, to say nothing of the mental anxiety and worry as factors, must necessarily be considered as etiological and even necrological factors in the sum total of the dark side of the pneumonia question. Cocaine, morphine, and similar drugs, and the cigarette are used much more extensively by the laity now than ever before, and the patent medicine evil is not without condemnation in the production of weakened vitality and the consequent easy invasion of disease. These, together with city life, for nearly one-third of the population of this country lives in the cities, with its lack of pure air, its housed-up employees—the hurry and bustle of business, the more than probable transmission from drinking cups and by inhalation in crowded stores, factories, and tenements; the chilling street-cars; the filth and squalor of negro-life as lived in

cities, and variableness of climatic conditions, all tend to increase the number of cases and the virulence of the infection and its consequently greater mortality. Singularly, pneumonia is more prevalent in the South than the North. In some localities its ravages are excessively great. From experience we know that the pneumonia of the sea-board States is far more virulent than the cases seen in Ohio. Of course, all of the conditions named as increasing the prevalence and virulence of pneumonia affect equally the mortality among the practitioners of all schools. For a time all cases will be mild and success attends the treatment; then will come a reversal and a large proportion will die in spite of any kind of treatment—no matter how careful and judicious it may be. It must be concluded, then, that there are more causative factors in the production of pneumonia in recent than in past years. Nevertheless, as above stated, no Eclectic feels that a mortality of 40 per cent, or even 15 per cent, is to be expected. From our knowledge of the results of Eclectic treatment by specific medication, we would place the mortality at no higher than 8 per cent, and in most seasons not higher than 5 per cent. Of one thing are we positive, and that is that treatment as given under Eclectic guidance results in an astoundingly lower death rate than that which is so frankly acknowledged by our fellow physicians of the dominant school. This success we attribute to great caution in regard to both internal and external treatment; to the superiority of Eclectic medicines; and to the long and faithful study of these drugs, covering years of clinical experience. The constant shifting from month to month and from year to year to new and unknown drugs, at the same time discarding well-known ones, has been studiously avoided by the careful Eclectic practitioner.

We hear much also of pneumonia following injuries and operations, particularly the latter. This, we believe, is largely due to the use of ether as an anesthetic, though it is true that pneumonia following operation was noticed before the advent of anesthetics. We have yet to recall a single case known personally to us in which pneumonia following an operation has occurred, and this we attribute chiefly to the fact that chloroform is mainly the anesthetic used by Eclectic surgeons.

The physician should ponder well the possible contagiousness of pneumonia, and advise every precaution that he would suggest in a case of phthisis. The serum treatment, to which so many

looked for hope, has not come up to the expectations, either as a prophylactic or in actual treatment, of those who most strongly lean toward animal therapy; and this they frankly admit.

**NOTES ON HISTORY OF PNEUMONIA.**—Pneumonia has been known from the earliest times, though in ancient days it was not well differentiated from pleurisy. Hippocrates was acquainted with it as were many of the early Greek physicians. It was then called peri-pneumonia, or pleuritis. The great plague of Athens, B. C. 430, is now believed to have been an epidemic of pneumonia. He who was perhaps the greatest of the converts to the ancient Eclectic or Episynthetic school—Aretæus<sup>1</sup>—gave a remarkably clear description of the disease, which has been republished by Dr. Osler in his "Practice of Medicine." This ancient author, who was noted for his remarkable clearness of diction, "singularly elegant and concise" style, and "luminous terseness," gives in a very few lines a good clinical picture of the disease, noting specially grave symptoms. Later Valsalva<sup>2</sup> and Morgagni<sup>3</sup> contributed valuable ob-

<sup>1</sup>Aretæus, who flourished toward the end of the first century A. D. (probably between 50 and 150 A. D.), was one of the most brilliant of ancient physicians, being ranked by many second only to Hippocrates. He was a Greek from Cappadocia, and probably lived at Alexandria. Educated in the principles of the Pneumatic School, he adopted those of the Eclectic or Episynthetic sect. He wrote several books, but eight of which now remain. These are upon acute and chronic diseases, with which he appears to have been remarkably familiar. His practice was simple, rational, and by far the most judicious of the ancients up to his time. He appears to have endeavored to found pathology upon an anatomical basis. Of him Park says: "With the exception of Hippocrates, he has shown himself the most free from vague, arbitrary speculation, and from the dogmatism of the schools of any writer of antiquity." Aretæus's surviving works have been published by Wigan at Oxford in 1728; by Boerhaave at Leyden in 1781; and by Kuehn at Leipzig in 1828. They have been translated into English by F. T. Reynolds in 1887, and printed in Greek with English translation by Dr. F. Adams in 1856.

<sup>2</sup>Antony Maria Valsalva, an Italian physician, born at Imola in 1666; died in 1728. He and his pupil, Morgagni, pursued anatomic and pathologic studies together. As Professor of Anatomy he taught with great reputation at Bologna until his death. His principal work was his *Anatomy of the Human Ear*—"De Aure humana."

<sup>3</sup>Giovanni Battista Morgagni, Italian anatomist and Professor of Physic (1711). and of Anatomy (1715) at Padua, was born at Forlì, February 25, 1682; died at Padua, December 6, 1771. Morgagni studied under Valsalva, and at an early age became his assistant. Morgagni's great work was in the line of morbid or pathological anatomy, of which he is justly regarded the father. Not until 1761, when he was in his seventy-ninth year, did he publish his great classic, "*De Sedibus et Causis Morborum*." He was a remarkable man, well versed in literature and the sciences, and he continued to work, though blind, until his death.



servations, anatomic and pathologic. Sydenham<sup>4</sup> (in 1670) and Boerhaave,<sup>5</sup> both great leaders in medicine, published fairly good descriptions of the disease. The percussion methods of Auenbrugger<sup>6</sup> led to more exact studies of visceral diseases. All, however, up to this time did not distinguish pneumonia from pleurisy. It remained for Lænnec<sup>7</sup> to surprise the world by inventing a practical stethoscope with which he was enabled to throw great light upon the study of thoracic diseases. He it was who first distinguished between pleurisy and pneumonia, sharply defining them and to this day his divisions of the three stages of pneumonia—congestion, hepatization (red hepatization), and resolution or supuration (gray hepatization) constitute the accepted pathology of the disease. Osler very properly states that “our modern knowledge [of pneumonia] dates from Lænnec (1819), whose masterly descriptions of the physical signs and morbid anatomy left very little for subsequent observers to add or modify.” In 1841 Rokitsansky<sup>8</sup> described the macroscopic characters of the exudate; Ziemssen in 1857-8, noted the geographical distribution, and Grisolle<sup>9</sup> in 1841, republished in 1864, gathered statistics concerning pneumonia. The bacillary theory of the causation of pneumonia had its inception in the announcement by A. Fraenkel in 1884, of the presence of the *Diplococcus pneumoniae* as the most frequent organism found in acute pneumonia. Of the work of Sternberg (1880), Pasteur (1880), Fraenkel (1884), and Weichselbaum (1886), see below.

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<sup>4</sup> Thomas Sydenham, eminent English physician, was born at Winford Eagle, England, in 1624, and died in London, December 29, 1689. He was one of the most celebrated of the world's physicians. He relied strongly on the recuperative powers of nature as opposed to current therapeutic measures, and was particularly sagacious as a diagnostician and observer of clinical phenomena.

<sup>5</sup> Hermann Boerhaave, one of the world's greatest physicians and medical teachers, was born at Woorhout, Holland, December 18, 1668, and died September 28, 1738. As a physician he acquired great distinction, and his methods were essentially Eclectic.

<sup>6</sup> Leopold Auenbrugger von Auenbrug, an Austrian physician, was born at Gratz in 1722, and died at Vienna in 1809. As early as 1754 he discovered the method of studying visceral diseases by percussion. Only after seven years' experimentation and verification did he publish (in 1761) his discovery in a treatise titled “*Inventum Novum ex Percussione Thoracis Humani Interni Pectoris Morbos Detegendi*.” He is said by some to have antedated Lænnec in the discovery of mediate auscultation. It is undoubtedly true that auscultation, next to inspection, was among the earliest of diagnostic aids. Hippocrates II is said to have practiced it, but only since Lænnec's discovery has it become an important diagnostic measure.

<sup>7</sup> Rene Theodore Hyacinthe Lænnec, eminent French physician, was born at Quimper, France, February 17, 1781; he died at the early age of forty-five, near Douarnenez, France, August 18, 1826. He began the study of medicine at Paris

**THE EXCITING CAUSE OF PNEUMONIA.**—In spite of the quite general acceptance on part of the medical profession that the exciting cause of pneumonia is the *Micrococcus lanceolatus* (*Pneumococcus* or *Diplococcus pneumoniae*) of Fraenkel and Weichselbaum, most careful authors merely commit themselves to the statement that the coccus is present in the majority of cases of acute pneumonia. This organism, usually occurring in pairs, hence a diplococcus, is an elliptical, lance-shaped coccus, found also in the nose, larynx, and Eustachian tubes in 20 per cent of healthy subjects, and also in a variety of diseases. This micro-organism was first isolated by Dr. George Sternberg, in this country, in the autumn of 1880. He discovered it upon inoculating rabbits with his own saliva. Louis Pasteur, in the winter of 1880, discovered the same micro-organism in the saliva of a child which had died of hydrophobia. Pasteur's finding was published in January of 1881, while Sternberg did not publish his discovery until April of that year. Neither, however, suspected any connection between this coccus and pneumonia; the germ became known as the coccus of sputum septicæmia. In the spring of 1884, A. Fraenkel showed that the organism of Sternberg and Pasteur was

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in 1800, attaching himself to the Clinical School of Charity Hospital, then under the direction of Corvisart. He became a field surgeon in the French army soon after the "Reign of Terror," at the same time pushing both classical and medical studies with unremitting zeal. In 1814 he took the degree of M. D., and so well known had he become that he was made chief editor of "Journal de Medecine." An accidental (providential) circumstance caused him to invent a practical stethoscope. In order to more clearly hear the heart-sounds he rolled some paper into tubular form and listened to the beating of that organ. This led him to at once construct the solid stethoscope—the well-known cylindrical wooden instrument. This, occurring in 1815, opened a new era in practical medicine. He at once became famous, and all forms of instruments for auscultation are now formed upon the principle of Lænnec's instrument. In 1816, Lænnec was chosen chief physician to the Necker Hospital, where he had already made his great discovery. In this institution he studied the diseases of the thorax with "great diligence, sagacity, and success." In 1822 he became Professor of Medicine in the College de France. Ill-health caused him to retire in 1824, and, as if decreed by fate, he died of consumption in 1826. The publication of his great two-volume work, "Traite de l'Auscultation mediate et des Maladies des Poumons et du Cœur," (1819), produced a profound sensation, and is regarded by some as the most important contribution to medical science in the nineteenth century. Lænnec seems to have entertained no great appreciation of his services to science, but, as Park remarks, he "prided himself rather on his skill in riding horseback."

\* Kari Rokitanaky, Bohemian anatomist, was born at Koeniggratz, February 19, 1804; he died at Vienna, July 23, 1878. His great work, "Handbuch der Pathologischen Anatomie" (1842-6) now stands as the foundation of morbid anatomy.

\* Augustin Griseolle, French physician, born in 1811 and died in 1869. He collected and published in 1841 a work treating of statistics of pneumonia, with reference to climate, development, and its comparative frequency.

the most frequent of germ-bodies found in acute pneumonia. In 1886, Fraenkel and Weichselbaum again announced that they had demonstrated that the lance-shaped coccus was present in most cases of croupous pneumonia, since which time it has been held that it is probably the causative factor in producing acute lobar pneumonia. It must not be overlooked that the same micrococcus has been found in cerebro-spinal meningitis, pericarditis, pleurisy, and peritonitis. Therefore its causation of pneumonia is still a question for the future bacteriologist to confirm. It is well-known that exposure, colds, and sudden arrest of the cutaneous and other secretions, causing the retention in the blood of excrementitious debris, which upon elimination through the respiratory passages may induce irritation and inflammation, is probably a potent factor in the etiology of pneumonia. At least this view is held by many. Whether, if this disease be caused by the aforementioned micro-organism, the latter finds an advantageous working ground in this excrementitious matter, and thereby infects the victim, is also a question to be determined by laboratory diagnosis.

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**DIAGNOSIS OF PNEUMONIA.**—One of the greatest factors in the successful treatment of diseases is to be able to recognize conditions calling for certain remedial agents. The earlier the diagnosis can be made in pneumonia the better the results of treatment are likely to be. While in many cases the symptoms are unmistakable and easily determined very early, many other cases can not be definitely diagnosed until much time has elapsed. Here the specific medicationist has the advantage, for he meets the specific symptoms with specific drugs without waiting to know what to name the disease. This is specific diagnosis. But if the nosological diagnosis can be made early the better it will be for the patient and doctor, for then the latter knows that more than ordinary precautions must be taken and that even at best he is likely to have a grave disease develop. This helps greatly in the management of the case, though he already has obtained some mastery over the conditions by his specific application of drugs, as indicated. In this connection we can not do better than to reiterate what we have written before:

“Writers on the practice of medicine usually divide pneumonia into several varieties, each form being named according to some pe-

cular pathologic state, or in reference to the particular location of the disease within the pulmonary structures. All, however, are agreed that its chief and most serious characteristic is an acute inflammatory invasion of the lungs, even when regarded as a constitutional and not a local affection. Those who prescribe for particular diseases may take the pains to determine whether or not it be a croupous pneumonia, or a catarrhal pneumonia before they feel at liberty to prescribe. These distinctions are all very well so far as they assist us in understanding the natural history of the disease, but it is a question whether the ordinary doctor of medicine—and it is the ordinary practitioner that is usually the successful one, and not he who delays in striving after a scientific explanation of every case he meets—it is a question, we repeat, whether the ordinary doctor ever stops at the outset to consider these different classes of pneumonia, and if he does, whether he bases his treatment on the distinction so made. And it is unnecessary that he should. To him it is an inflammation of the lungs, each case having special conditions of which he is more observant than he is of the disease as a whole."

Yet an early nosological diagnosis facilitates matters all around. The mere recognition of the possibility of the case being one of pneumonia ought to be sufficient to cause the patient to be put in bed and kept there until he recovers.

Let us briefly notice diagnostic general and early symptoms of pneumonia, leaving out the elaboration of these symptoms with their variations and complications. A sudden chill of more or less pronounced character, especially in the elderly, if unaccompanied with other or explanatory symptoms, should be looked upon as the probable ushering in of pneumonia. In the younger subject no chill is more characteristic or pronounced than that of pneumonia. The patient may or may not show catarrhal symptoms for a day or so and be suddenly taken with a chill while at work or while asleep. Coincident with the chill the temperature is found above normal. Headache and pains more or less all over the body are soon to be quickly followed by pain, usually becoming very severe, in the affected side, respiration is increased, and panting, and a short, hacking cough causing pain and restricted movement begins. In forty-eight hours or so the disease is well developed and the patient lies prostrated in bed, often lying upon the affected side to prevent motion. The flush often circumscribed upon one or both cheeks, the quick, short, grunting breathing, the bright eyes and anxious countenance, the short, painful cough with expectoration of tough mucus, which either becomes blood-streaked or rusty in character, all too strongly display the characteristic

picture of pneumonia. Add to this the full bounding pulse, the high and constant temperature (104° to 105° F.) the physical signs of blowing respiration and the fine rales, and our case is early diagnosed as of pneumonic invasion. In the old and the very young the fever is not so pronounced. Herpes is found in a large proportion of cases. Fortunate is the doctor who early recognizes the gravity of these symptoms that active measures may be taken at once.

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#### COMPARATIVE METHODS OF TREATING PNEUMONIA.—

The treatment of pneumonia has not varied in essentials greatly among Eclectic practitioners for nearly a quarter of a century. This is not an admission that we have made no progress, for stability in sticking to good methods and remedies—successful methods and medicines—is progress. Some new innovations have been added to our practice and some remedies restudied, and a few valuable ones, like echinacea, have been added to our resources. Perhaps more changes have been made in regard to local applications than other methods. In the dominant school the last two decades have witnessed a constant shifting from one method to another, and from old remedies to new remedies, and from new remedies to newer ones, until the practitioners of that school have lost the art of using medicines. Some, indeed, have reached therapeutic nihilism and have no faith in any remedy for any condition. All of this change has resulted only in their admitted greatly increased mortality. Can this be due wholly to etiologic factors or to an increased virulence of the disease? Let us suggest that possibly powerful drugs have had something to do with this high death rate. Eleven years ago we wrote the following, which will apply in many instances to-day and will serve as therapeutic history of the last twenty years, though we are glad to admit that there is now great caution advised by the old school teachers in the use of coal-tar antipyretics; while some deny their value and condemn their use at all:

“Of late years it has been the custom of many physicians to employ active medication in this disease, though for what purpose it would be difficult to say, for it is generally conceded, even by those who are heroic in their treatment, that it is a self-limited general disease, with the local lesion as accessory only, and that its general tendency is toward recovery. If this be their view, then why is it so generally fatal in their hands? We do not deny that there are many:

cases of pneumonia necessarily fatal from the onset, but we do say that we fully believe that most cases that die are readily curable if properly treated with very little medicine. We do not claim that the expectant plan is the one to adopt, but rather that medicine is absolutely necessary, provided always the doctor sees an indication for it, and has good reason for administering that particular drug. We do not only claim that it takes very little medicine, but that that medicine must be medicine, and not truck. Why are so many ordinary cases of pneumonia fatal? Because of the indiscriminate use of powerful medicines in the hands of those who are either too ignorant to handle them, or too lazy to study their cases, or even to think why they are giving a particular drug. Just give an antipyretic, no matter which one—antifebrin, antipyrin—anything so that it is an antipyretic, and if the heart fails in consequence, fill the patient with whiskey, in large doses, strophanthus, digitalis, glonoin, or some other drug having a reputation to correct the condition brought about by the abuse of otherwise good remedies. We do not presume to say that antifebrin, antipyrin, and like drugs, are not useful ones in their place, but first learn when and where they are needed before giving enormous doses of them in dangerous diseases,—and especially in a disease like pneumonia, where the already overtasked heart has enough to do to pump blood through an already engorged area of pulmonary tissue. It is not our intention to criticise those who use these drugs when they know what they are using them for, but those who recklessly cut the thread of life with a drug of whose action they know but little, and when they are wholly unacquainted with any reason for its administration except that it has been 'highly recommended' by some one else. If they wish to experiment, let it be done with less dangerous medicines."

The results of the specific uses of remedies are so uniform that we have an abiding faith in our remedies and what the remedies did twenty-five years ago they will do to-day. The general management of cases of pneumonia, which has been so successful in the past is therefore still in force and more satisfactory as later expansion of the same methods, gained through experience, strengthens their usefulness. We can not do better, therefore, at this time than to reproduce our views with such modifications and additions as our progress suggests, as were expressed over a decade ago.

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**GENERAL MEASURES IN THE TREATMENT OF PNEUMONIA.**—In the treatment of pneumonia there are some general considerations that apply to almost every case. Chief among these considerations is one that is often neglected early in the disease,

especially if the patient's condition does not appear to be very serious, and that is to insist on *absolute rest in bed*. Even in suspected, or in very mild cases, the patient should not be allowed to sit propped with pillows in a chair. If there is any disease in which it is absolutely necessary to keep the patient quietly in bed it is pneumonia. The temperature of the room should be neither too high nor too low, though it is generally difficult to say just what the degree should be, probably between 65° and 70° F. Usually it will be that most comfortable to the patient, and to those attending him. If it be too cold for the nurse it certainly is not best for the patient. Too high a temperature makes the patient fretful and restless. Another thing often lost sight of is the ventilation of the room. Foul air adds neither to the treatment nor to the comfort of the sick one. Give plenty of fresh air day and night. It is not necessary that the cold air should be allowed to flow into the room, but rather that fresh air be allowed to come in in such a manner that it is warmed before reaching the patient.

Cleanliness is always in order in this disease, and a warm sponge-bath, wiping the parts dry as the bath is proceeded with, is never contra-indicated, but generally assists in allaying the fever, and gives rest by quieting nervous irritability. Simple bathing of the face and hands will often put the patient to sleep in cases where morphine, chloral, sulphonal, and other sleep-producers, are resorted to, to the detriment of the sick one. Flannel or outing-flannel gowns should be worn by the patient, and so made that they can be opened widely in front to admit of free bathing and the applications of topical treatment. Light but sufficiently warm bed-covering should be used. Heavy comforts add to the suffering of the patients.

Cold drinks should be allowed freely, though given in moderate quantities at a time. Acid drinks are often peculiarly grateful, and, bearing out the doctrine of specific medication, the degree of comfort derived from them will usually be in proportion to the degree of redness of the mucous membranes. Early in the disease hot drinks, with external heat, favor the free establishment of the secretions.

The diet should be such as is easily assimilated, but should not be crowded. The usual white and pasty-tongue shows a digestive state not receptive of much food. Usually one or more of

the following are admissible and grateful: Milk, buttermilk, eggs (raw or long boiled), egg-nog, broths, malted milk, and beef-juices.

**LOCAL APPLICATIONS.**—Very few cases of pneumonia are treated without a local application of some kind. With some physicians the old-fashioned mush-jacket is a favorite; others prefer some other form, as the wet pack, hot-vinegar pack, flaxseed poultice, etc. These may serve a useful purpose in some instances, especially in the early stage, but all of them have serious drawbacks. They act as weights upon the chest walls, thus adding to the dyspnoea, and they get the patient's clothing and bedding wet, besides being liable to different degrees of warmth, often getting completely cold, to the serious injury to the patient. The best of nursing can not entirely obviate these changes in degree of heat in the application, and failure on the part of the nurse to change it in time is sure to result in a cold poultice. The bedding may become wet where least expected, necessitating a change of sheets, thus disturbing the quiet rest of the patient, or, perhaps, the wet place may be entirely overlooked, and thus the patient is left in continual contact with dampness. A dry dressing made in the form of a jacket is preferred by some physicians, but for ourselves we have never found anything to equal the old-fashioned application of lard (or petrolatum) sprinkled with powdered lobelia, or with the compound powder of lobelia and capsicum,—the favorite emetic powder of the "Eclectic fathers." Although a moist dressing, through its oily nature, it generally takes and maintains the temperature of the body, and is not likely to get cold, especially if it be applied on flannel, and covered with cotton-wool, or some other dry fabric. At the same time it is not liable to the variations of heat met with in the ordinary poultice or wet application. In our opinion the excessive heat and moisture of poultices often do positive harm in that stage of the disease during which suppuration is threatened. The application of the lobelia and capsicum should be renewed two or three times a day, and it is remarkable how quickly relief comes from its use. It is our practice to apply it when first called to a case, for even if it is not absolutely needed, it often anticipates trouble, and is always grateful to the patient. Its use is positively demanded where the chest has within it a sense of tightness, suffocation, or fullness, and the patient com-



plaints of a peculiar soreness, difficult to describe. The application of a good thick layer of common cotton, completely enveloping the chest, is one of the very best applications, and may be used with or without the use of external medicines. Libradol is a favorite application with many. It serves the purpose of the emetic powder and is easier to prepare and apply. Some favor the application of cold water to the chest with the ice-bag over the heart in the sthenic stages. This has not become common practice in the Eclectic school; others prefer the numerous earthy-pastes upon the market under various trade names. Our experience with these has not been gratifying.

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**MEDICINAL TREATMENT OF PNEUMONIA.**—As before stated, but little medicine is required in treating pneumonia, but that little is very necessary. Usually but a half dozen remedies will be needed in any one case, yet in the aggregate of cases it may be necessary to have a wide range of remedies from which to make our selection. It is in this respect that the Eclectic physician is an especially favored one, for out of the mass of material that goes to make up the literature of specific medication, he is enabled to find well-verified drugs for almost any condition that may present itself in this as in other diseases.

An ordinary case of pneumonia, as a rule, may be well treated by the following specific medicines: Aconite, veratrum, lobelia, jaborandi, bryonia, ipecac, sodium sulphite or bicarbonate, and asclepias; occasionally gelsemium, rhus, belladonna, and sanguinaria are required.

For all sthenic cases we prefer specific veratrum viride. This drug is not so often indicated in the diseases of early childhood as specific aconite. Nor is it so often called for in old age and in debilitated subjects, but the ordinary case of pneumonia in adults is of a sthenic character, and therefore veratrum is more often indicated than aconite and the other sedatives, unless it be jaborandi. A case presenting very active phases, with the full, moderately rapid, strong and bounding pulse, gives way under the small doses prescribed. We doubt if any drug in the whole range of specific medicines more beautifully bears out the doctrine of the specific application of drugs than this one. Some object to its use, believing that it brings the temperature down too rapidly, and fails to hold it there, and that it is liable to act depressingly on the heart. But these conditions are brought about by the larger

doses only, and we have yet to see a case where these unpleasant states were produced by the drug when given in proper doses. Our prescription seldom ranges higher than ten (10) or fifteen (15) drops of the specific veratrum to four (4) ounces of water, the dose of which is one teaspoonful every half to one hour. Some prefer to give larger doses, repeated less often. This method, we believe, does not give as good results as when the small dose is more frequently administered. Others complain that veratrum is apt to nauseate, but we have never observed nausea from the small dose when the drug was clearly indicated by symptoms of a sthenic character. When nausea has been present it was generally referable to gastric derangement, as a complication of the disease, which has been met with other remedies, and the veratrum was continued without untoward effects. It is not uncommon in children for the disease to be ushered in with severe vomiting, instead of the pronounced rigor attending the onset of the disease in older subjects. Though not so often indicated as aconite or gelsemium, when the disease begins in this manner, veratrum often gives good results in controlling the active symptoms, at the same time also occasioning an amelioration of the vomiting. Some practitioners use fractional doses of morphine (one-fourth grain being added to the usual four-ounce sedative mixture) to control the vomiting produced by veratrum.

Aconite is best adapted to acute inflammation of the lungs in the earlier stages, and is not as good as some other drugs later in the course of the disease. It is nearly always the remedy for small children, whose pneumonia is usually a capillary bronchitis. Here it will often cure without other medication. In the latter phases of pneumonia in adults it is not as valuable as veratrum. Aconite is the remedy for debilitated cases, and generally the one indicated in cases that slowly develop. It controls hyperæmia, and thus, if the case is seen very early, will do much toward rendering the disease shorter and milder. Its selection is easily made by associating it with the weak, frequent pulse. If properly administered in teaspoonful doses of the following mixture:  $\mathcal{R}$  Specific aconite, gtt. v, to aqua,  $\mathfrak{z}$ iv M., it will reduce the temperature, and assist in a measure in controlling pain, if present. It must be borne in mind that only the minute doses are permissible and curative; the larger doses should never be used, and especial care should be exercised when the heart is manifestly weak. It is especially useful when the patient has repeated light chills.

Specific jaborandi may be employed in many cases similar to those in which veratrum is used. Here, however, the skin is dry, parched, and pallid, and there seems to be a retrocession of blood from the surface to the pulmonary tissues. Associated with specific asclepias, or with the infusion of the latter, it will correct this condition and turn the patient toward recovery. There is one condition in which we have found specific jaborandi to be the remedy *par excellence*. It is where, through pleuritic complications, we have an effusion of serum into the pleural sac,—an hydrothorax. This filling up of the pleural sac with fluid occasions the most distressing dyspnoea on account of its mechanical action, added to other conditions of the disease which produce it. In one very severe case in which there was a large amount of fluid in the left sac *paracentesis thoracis* was advised. The patient was obliged to sit up, it being impossible for him to get his breath while lying. The case was one of sthenic pleuro-pneumonia, the patient suffering great pain, besides the difficulty in breathing. Veratrum and bryonia were in a measure effective, the former in reducing the temperature, and the latter in partially controlling the cough and pain; yet the effusion continued to increase. Specific jaborandi, grt. *xx*, was added to the veratrum and bryonia mixture, and improvement set in so rapidly that all intention of tapping the sac, to which the patient seriously objected, was abandoned. In a couple of days the effusion had nearly all passed away. In a few days the patient felt so much better that he thought himself able to go out (though contrary to express orders not to do so), and imprudently taking a long ride in an open electric car on a cool and windy October day, suffered a relapse from which he was some time in recovering. Thus jaborandi has accomplished gently what the aspirator or the surgeon's trocar might have been called upon to do.

Perhaps one of the most distressing of the three unpleasant, subjective symptoms of this disease—cough, pain, dyspnoea—is the latter, dyspnoea. This may be due to engorgement of the pulmonary vessels, to consolidation, or to other conditions present as complications. When giving rise to a tightened sensation, with a feeling of suffocation, and the cough fails to assist expectoration, we prefer specific lobelia to any other drug. We do not employ this drug as an expectorant, however, for the morbid products of this disease are not disposed of so much by expectoration as by ab-

sorption, but for its effect on the vascular system. The venous circulation of the surface is generally sluggish, and a state of vascular stagnation exists in the breathing organs. The pulse is full and doughy. Here we obtain marked relief from the external application of the emetic powder, but when it fails to overcome the unpleasantness, we add from ten to twenty drops of specific lobelia to the sedative mixture. Accumulations of mucus and muco-pus, as evidenced by the loud mucous *râles* within the chest, and inability on the part of the patient to expectorate, are often greatly relieved by the use of lobelia. Here the liquor ammonii acetatis (spirits of Mindererus), especially preceding the formation of pus, has done excellent service in lobular pneumonia (capillary bronchitis) in very young subjects, and in broncho-pneumonia resulting from measles. Ammonium chloride is useful in some cases in adults.

A simple inflammation of the lungs is not often excessively painful. However, a simple case of this kind is not often encountered. Usually, we find that the pleura has, to a greater or less extent, become involved; in fact, the ordinary case is really a pleuro-pneumonia, to a greater or less degree. Hence severe, often agonizing, pain is present. This pain is not always a mere stitch in the side, but often becomes a very serious matter,—a pain of a sharp, sticking, or excruciatingly plunging character, as if a knife were suddenly plunged into the chest-wall. In this condition, instead of morphine at the outset, we employ, with the greatest confidence, specific bryonia, added to the sedative solution. This not only acts promptly, but positively, and at the same time is an excellent drug to control the short, hacking, and annoying cough, by allaying the irritability of the mucous surfaces; and even where the cough is not entirely controlled by it, it is rendered less painful on account of having overcome the inflammatory and painful state of the involved pleura. When the tongue is fairly clean, moist, and soft, and the circulation is free as indicated by an open pulse, and the patient's discomfort is due more to pain than nervous unrest, the diaphoretic powder is exceedingly useful, or Dover's powder may be substituted for it. Were we to treat pneumonia with a limited supply of medicines, we would select the specifics—aconite or veratrum, bryonia, and the emetic powder.

*Asclepias* exerts a very beneficial influence where a rather large extent of the parenchyma of the lung becomes involved, and it is

not without good results in nearly all cases when added to the sedative administered. In most cases, when not especially indicated, it is to be regarded as a secondary or accessory agent. Its special action is on the smaller ramifications of the bronchial arteries, and on the bronchioles themselves, and is indicated when we have extensive, fine, crepitant *rales*. It is more particularly indicated when the skin shows an inclination to moisture, and there is considerable pleural inflammation, in which case it will materially aid bryonia in hastening a cure. The infusion is to be preferred. If not obtainable the specific *asclepias* in hot water may be used. The fluid extracts are usually worthless.

Excessive heat of the surface, and especially of the head, with flushed countenance, and bright staring eyes, and general restlessness and insomnia, will be met with specific *gelsemium*.

A sharp pulse-stroke, tongue with prominent papillæ and reddened edges, burning pain within the chest, frontal headache, and, especially in children, a sudden starting from sleep with a sharp cry as if frightened; and rarely a rattling of mucus in the bronchi, with a *quick, irregular pulse, but almost normal respiration* so far as the number per minute is concerned, with very irregular temperature—these symptoms lingering for hours, indicating a partial paralysis, or pneumo-paresis—all point to specific *rhus*, which is one of the best agents to control nervous unrest in these patients.

A sense of tickling, itching, and rawness, referable principally to the post-sternal region, and accompanied with a viscid or clinging expectoration of mucus or muco-pus, will be relieved by sanguinaria nitrate. Specific *sanguinaria* meets the requirements in many of these cases.

In adynamic states, and especially where the patient expectorates the characteristic rusty sputa in considerable amounts, and there is such a low state of vitality that the patient can scarcely cough up the tenacious sputa, the remedy indicated is specific *phosphorus*.

A foul stomach, as indicated by dirty, pallid tongue and mawkish odor, calls for sodium sulphite. This is usually required from the beginning, for the white loaded tongue is usually a very early symptom. Its removal, sometimes by minute doses of podophyllin with sodium sulphite, again with sodium bicarbonate, simplifies treatment by favoring the easier absorption of the sedative remedies.

Marked dullness or drowsiness on part of the patient, yet with inability to sleep, and dusky countenance (in some instances pallor is pronounced), indicate specific belladonna.

Involvement, to any great extent, of the bronchioles and inter-cellular passages, and particularly if irritation of the gastro-intestinal tract accompanies the pneumonia; and in many cases of capillary bronchitis, with obstruction of the inter-cellular passages, the remedy to be administered is a trituration (the fluid preparation does not always act well) of powdered ipecacuanha. Specific ipecacuanha is the best fluid ipecac that can be employed.

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**SUPPLEMENTARY REMEDIES IN PNEUMONIA.**—Occasionally we find other drugs indicated, and they are employed with equally as good results. We will briefly summarize a few additional specifics, with the indications for their employment.

Where we find a case of pneumonia the sequel of la grippe, or even accompanying that disorder; or when, in an ordinary case of pneumonia, the active stage having passed, we find a slow recovery accompanied by profuse mucous or muco-purulent discharges, and persistent cough hanging on day after day, we have used no more certain remedy than the second or third, usually the second, decimal trituration of sulphur.

Pain suggestive of rheumatism, or in a patient subject to rheumatism, the pain being of a tensive or drawing character, is best met with specific macrotys.

Pain suggestive of an injury; that is, having a subjective sensation of soreness, lameness, or of having been bruised, will generally yield promptly to fractional doses of specific arnica.

A hollow, reverberating cough, lacking force, and laryngeal tenderness with hoarseness on the one hand, and sub-acute catarrhal inflammation of the bronchioles, accompanied with great prostration, cyanotic countenance, sub-crepitant rales, suffocative cough with great weakness following the usually ineffective effort, on the other hand, both indicate small doses of the second or third decimal trituration of antimony potassium tartrate (tartar emetic).

Cases exhibiting typhoid symptoms, with dusky or bluish discoloration of the countenance and mucous tissues; and cases accompanied with a peculiar sore throat, feeling as if a nearly cir-

cular resisting hard body were lodged in the larynx, have yielded very nicely to the infusion of wild indigo or to specific baptisia.

Undue restlessness, unaccompanied with the symptoms indicating gelsemium, although the temperature may be very high; and in those cases where the patient feels that he can not find a comfortable place in which to lie; and when constant movements of the hands, as in picking at the bedding, are indulged in by the patient, the indications are for rather large doses (gtt. xx to xxx every two hours) of specific passiflora.

Excessively offensive discharges from the lungs, and in states approaching pulmonary gangrene, with blackish coating upon the tongue, give freely of specific echinacea.

Præcordial oppression, a circumscribed area of constriction, as if encircled by some resisting material, and passive hemorrhage occurring in subjects disposed to phthisis, indicate specific cactus.

Localized constriction, without the præcordial oppression, is best met with specific æsculus.

Pain in back of the head, and between the scapulæ, accompanied with an annoying and unyielding cough, is often relieved by specific sticta.

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**DEATH OF DR. HENRY WOHLGEMUTH.**—Dr. Henry Wohlgemuth, pioneer Eclectic physician of the "Illinois Country," and friend of Abraham Lincoln, died at Springfield, Illinois, November 11, 1905, at the advanced age of eighty-three years. He was born of honorable ancestry in Hanover, Germany, May 22, 1822. Dr. Wohlgemuth was one of the pathfinders of Eclecticism in America, being among the first, if not the first, to settle near the Sangamon. He was a pioneer who advanced the interests of Eclecticism chiefly by his pure life, his manliness among men, and by his upright course in the practice of medicine. Respected everywhere and by everyone who knew him, his loss, even though his life work was done and well done, will be keenly felt in the ranks of the Eclectics. When he arose on the floor of our National assembly respectful silence always greeted him, for the members were sure that his kindly words were about to be uttered in support of something good for humanity and the profession. A large concourse of physicians of all schools were his honorary pallbearers, so kindly were the feelings his honorable career in medicine has engendered. The profession of medicine in America, comprised of whatever creeds, has lost a giant in the death of Dr.

Wohlgemuth. A full biographical sketch, with portrait, which was to follow in its order had not the doctor passed from us so early, will appear in the March issue of the GLEANER.

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**DEATH OF DR. GEORGE ROYAL SHAFER.**—A strong and exceedingly active man in Eclecticism passed from among us in the death of Dr. George Royal Shafer, of embolic pneumonia, due to a malignant endocarditis, the result of a combined rheumatoid arthritis of the ankle in 1904, and subsequent infection while performing a surgical operation. Dr. Shafer was born in Washington, Tazewell County, Illinois, September 15, 1858. He died at Peoria, Illinois, his home, November 4, 1905. He graduated from Bennett College of Eclectic Medicine and Surgery in Chicago, in 1881. Locating in Morton, Illinois, he enjoyed a large and lucrative practice for seventeen years. Moving to Peoria he at once took a leading rank among the physicians of that place. Dr. Shafer joined the Illinois State Eclectic Medical Society in 1881, and according to Dr. Kinnett, the present corresponding secretary and his biographer, he was one of the best, if not the best, corresponding secretaries the society ever had, Dr. Shafer serving in that capacity for several years; moreover, he adds, "he was one of the very best workers for the cause of Eclecticism." He became a member of the National in 1895, and for four years represented the Eclectic profession in the Illinois State Board of Health. In 1882, Dr. Shafer was united in marriage with Miss Emma J. Buck, daughter of Dr. H. A. Buck, of Burlington, Vermont. His widow and twin daughters, Viola and Violet, survive him. Cut down in the prime of life and in the midst of an active career, his loss is keenly felt in the field of his work and among Eclectics at large.

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**NATIONAL PAPERS DESTROYED.**—Secretary Ellingwood, of the National Eclectic Medical Association, reports the loss, in a disastrous fire in Chicago, on November 9, 1905, of the partially printed Transactions of that body, together with the papers, essays, addresses, and records of the proceedings. This lamentable disaster will occasion delay in getting out the Transactions anew, for the production of which Dr. Ellingwood asks for duplicate papers that may be in possession of the authors to be forwarded to him at once.



**ALKALOIDAL vs. FLUID MEDICINES.**—In a recent issue of *The Eclectic Review* Dr. Pitts Edwin Howes makes some telling points concerning the superiority of liquid medicines over alkaloids.

"Experimentation," he says, "has demonstrated that liquids are much more promptly absorbed than articles of a semi-fluid or more compact nature. . . ."

"The alkaloids, when you have said the best you can in their favor, are, at best, only a part of the original plant. We are apt to term them the active principles of the plant. How are we to demonstrate this fact absolutely? Can it be demonstrated? I think not. Who would be rash enough to assert that all of the good of cinchona lies in the quinine, or that of nux vomica in the strychnine? And not only of these two, but also of the entire list of plants, which, by means of manipulation, can be caused to give up their alkaloidal principles."

"Those who are at all familiar with the early history of the Eclectic School of Medicine know how nearly it came to shipwreck because of the wild enthusiasm over the idea of alkaloidal medication. Fortunately, the error was discovered early, and the more rational and scientific method of using the entire plant was substituted. Without doubt there are fewer therapeutic nihilists to-day among the Eclectic practitioners than any other school of medicine. It is due to the fact that they use almost exclusively the liquid medicines."

Dr. Howes' remarks are pertinent. We have long contended that the full and most beneficial medicinal action can not be obtained by the use of the isolated principles of drugs. The resinoid distraction of the early Eclectics is still remembered tremblingly by those who had the good of Eclecticism at heart. The divorced principles of plants do not in any sense fulfill the same therapeutic uses that result from the employment of the naturally combined principles of plants. These principles have thus far been best obtained and preserved in liquid medicines. The action of opium, as a whole, differs essentially from that of its many alkaloids. Gelsemine, veratrine, and aconitine are dangerous and unruly medicines in any doses, and do not meet the indications for gelsemium, veratrum, or aconite.

We have nothing to say against the power of some alkaloids. That they possess great force is cheerfully conceded. But in the doses ordinarily used we believe the action of the more powerful ones physiological or even toxic, and not medicinal, as that term is employed in Eclectic medicine. Years of trustworthy experimentation with the alkaloids will undoubtedly establish many valuable uses for them, but that the specific indications, as now applied to the medicines evolved in Eclecticism, can be applied to the alkaloids no reasonable physician can admit. If alkaloids do not represent the full virtues of the plant, they surely do not fulfil indications which have been evolved from the use of whole plant preparations. We wish alkaloidalists success in anything that will make for the good of medicine and humanity, but we do not hesitate to put ourselves on record as charging it a reprehensible practice to take bodily the indications for full plant medicines and apply them to fragments of those plants. How quickly have the indications and uses of alkaloidal medication grown into massive proportions! Compare their alleged virtues and indications with those of Eclectic fluid medicines, and note the "source of their being."

## SELECTED ARTICLES.

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### BRONCHO-PNEUMONIA.

H. C. SPENCER, M. D., LENOX, OHIO.

THIS disease, also called lobular pneumonia, disseminated pneumonia, or catarrhal pneumonia, is now regarded by most writers as an infectious inflammation, the pathogenic micro-organism of which is supposed to be either the bacillus of lobar pneumonia, or the streptococcus of suppuration.

Broncho-pneumonia is that form of inflammation of the parenchyma and air vessels which occurs in isolated patches, comprising one lobule, or a number of adjacent lobules, in different parts of the lung.

The disease, in the majority of cases, begins in inflammation of the bronchial mucous membrane, which finally involves the air cells and parenchyma of the lungs. In broncho-pneumonia there is always some capillary bronchitis present. In lobar pneumonia the etiological factor seems to enter the air cells themselves, setting up, at first, hyperemia, then inflammation with exudation. In broncho-pneumonia it has always been held that the inflammation, at first, is in the bronchial mucous membrane, and afterwards extends into the air cells and perilobular tissues.

Some recent writers say that the inflammation is caused by a micro-organism, and that it does not involve the mucous membrane of the bronchial tubes, but originally affects the air cells themselves. I doubt the correctness of this view, because it is of common occurrence that a bronchitis, pure and simple, extends into a capillary bronchitis, and that a capillary bronchitis extends into the air cells, producing broncho-pneumonia. So we are inclined to the view that broncho-pneumonia is an extension of the inflammatory process present in the capillary mucous membrane, which involves the air cells and tissues immediately surrounding them.

Anders mentions three varieties of broncho-pneumonia: First, simple or acute broncho-pneumonia, following a severe case of catarrhal bronchitis; second, a secondary form which comes on after whooping cough, or some febrile infectious disease; third, embolic

or suppurating infective disseminated pneumonia, which occurs at times in the course of infective endocarditis, pyemia, and malignant fevers.

Broncho-pneumonia may occur as a primary inflammation but is most frequently met with as a secondary affection, in connection with whooping cough, measles, influenza, and simple capillary bronchitis in children. It is also seen in grown people after exposure to cold and in cases of influenza, typhoid fever, and erysipelas. Broncho-pneumonia is also met with in connection with chronic bronchitis, asthma, cirrhosis of the lungs and phthisis.

People long confined in bed with some injury, children of a strumous diathesis, and those poorly nourished, are most likely to contract the disease. The habitual breathing of vitiated air, senile debility, and chronic diseases often determine an attack of broncho-pneumonia.

Many cases of pneumonia occurring in aged persons after exposure to cold, or in the subjects of continued fevers, acute and chronic diseases generally, are probably of broncho-pneumonic variety.

Broncho-pneumonia is usually secondary to acute general bronchitis extending by continuity into the air cells, or it follows measles, scarlet fever, influenza, whooping cough, etc.

The fever, which often rises to 104 and 105 degrees F., is usually preceded by a chill of short duration, or a succession of chills, if different lobules or parts of the lungs are invaded. These peculiar chills and elevation of temperature, with frequent remissions and exacerbations indicate an extension of the disease.

The pulse increases in frequency with each exacerbation, and sometimes becomes feeble and irregular; there is rapid breathing, cough, dyspnea, restlessness, and frequently cerebral symptoms. There is often considerable pain in various portions of the chest, corresponding to the lobules involved; the expectoration is usually simply catarrhal and not bloody. The disease may last two or three weeks and ends by lysis.

On examination the consolidated portion of the lung will give increased fremitus, deficient resonance, bronchial breathing with fine, scattered crepitation or crackling rales, and when extensive bronchitis exists, the usual large, moist rales of bronchial cough. The surrounding lung tissue appears perfectly healthy; this is characteristic of broncho-pneumonia.

At times several of these broncho-pneumonic spots may coalesce, and then a lobar-pneumonia is set up with consolidation, rusty sputa, etc.

In very young children the only observable symptoms may be convulsions instead of chills, fever, great prostration, and rapid breathing. There is often not much cough, and the special physical signs are often difficult to determine.

In older children there may be a chill, or there may be a convulsion at the onset of the disease, after which the temperature rises rapidly. In ordinarily severe cases of broncho-pneumonia the child's face is flushed, the tongue is coated at first with a white, heavy fur, which soon becomes dark and dry; there is often vomiting and diarrhea.

The temperature remains between 99 and 105 degrees F., with frequent remissions and exacerbations; there is considerable pain over the chest, together with constant cough in paroxysmal attacks, and restlessness. The urine is scanty and high colored, and the skin is usually moist.

Children up to the age of four and five years swallow the sputum instead of spitting it out; this likely has something to do with the vomiting and diarrhea.

The duration of broncho-pneumonia in children varies considerably in different cases. In the fatal cases in very young children, many die within a few days; most within the first week. The great danger lies in the involvement of new lobules. The case may be going along very satisfactory, the temperature may be nearly normal, the pulse good, the child resting easily, when within a few hours the temperature may be up to 105 degrees F., with all the symptoms of high temperature, coughing, delirium, etc. So that it is impossible to prognosticate the condition of the child a day or a week hence. Resolution always takes place by lysis.

In most cases of broncho-pneumonia in children the temperature oscillates between 99 and 104 degrees F., and the respiration varies from 50 to 80 per minute, with a pulse of 120 to 170 per minute.

In a certain number of cases the cerebral symptoms are such as to lead one to suppose that the meninges of the brain are involved; there is restlessness and delirium, moving of the head from side to side, oscillation of the eyes, high fever, great prostration, and all the symptoms of meningitis.

The following is a case in which cerebro-spinal meningitis apparently followed a broncho-pneumonia in a boy six years old, as the result of a fall: The broncho-pneumonia had run a course of one week, the temperature had declined to nearly normal, the pulse was improved, the cough loose and easy, every symptom indicated a decided change for the better. In the morning of this day the mother left the room for a few minutes, and on returning she found the boy lying on the floor in a semi-conscious state, muscles rigid, eyes rolled back, and apparently in a dying condition. In a few minutes he returned to consciousness, but seemed considerably prostrated.

On inquiry it seems he had wished to urinate, and there being no one in the room, he endeavored to get up and wait on himself. In doing so he fell and struck the left side of his head just above the outer angle of the eye, showing a bruised spot the size of a half dollar. That evening some of the acute symptoms had returned, such as high temperature, rapid pulse, great restlessness, with the additional symptoms of meningitis, such as slight opisthotonos, rolling of the head from side to side, oscillation of the eyes, and dilated and unequal pupils. The symptoms continued without much variation for two weeks from the day of the fall, when the boy died. The lungs gave very little trouble after the meningitis developed.

In adults, broncho-pneumonia presents several different symptoms. There is generally a distinct chill with considerable headache, pain in the back and chest, followed by prostration, high temperature, rapid pulse and rapid respiration. The patient will be exceedingly restless, complain of pain in the chest and severe dyspnea; the cough is at first dry, but in a day or two the expectoration will become profusely mucous and may be blood stained, the skin is moist, and the disease usually lasts from ten to fifteen days. It is not apt to prove fatal in adults as in very young children and old people.

In old people broncho-pneumonia is exceedingly serious. The disease seems to involve many points in the lungs. The sputum in these cases is apt to be tinged with blood after the first few days, and the prostration is severe. The physical signs in these cases depend entirely upon the lung tissue involved and the stage of the involvement. There is always rapid and bronchial breathing with the usual signs of bronchitis. When the lobular nodules extend to

the pleura in considerable numbers there is apt to be set up a fibrinous pleurisy.

Broncho-pneumonia is diagnosed by its mode of onset; it occurs in those already suffering from bronchitis, capillary bronchitis, whooping cough, typhoid fever, or some of the malignant fevers. The disease is most frequent among children and old people. In two or three days the patient may improve rapidly and the temperature be down to nearly normal, but in a few hours another exacerbation occurs with all the acute symptoms renewed. These remissions and exacerbations are liable to recur for a week or two and constitute one of the diagnostic points of this disease.

In old people the disease runs a subacute course with loss of strength and wasting as prominent symptoms. In broncho-pneumonia there is no rusty sputum, no severe and prolonged chill, no dry, hot skin, and no extensive crepitation followed by consolidation as in the case of croupous pneumonia. It is well to bear in mind that in whooping cough, measles, typhoid fever, and other acute and chronic diseases a broncho-pneumonia may be set up.

The prognosis depends somewhat upon the cause of the disease and the age of the patient, it being less favorable at the extremes of life; ordinarily it should be good. The recovery of our patients is the thing desired, and the following treatment, given as indicated in each case, has proven very satisfactory in an active country practice of twelve years. The patient should be kept at rest in bed in a well ventilated room, which should be kept at a temperature of about 70 degrees F. As a local application to the chest, especially in children, we have found nothing better than the compound emetic powder dusted on a larded cloth, applied warm, and renewed every six to twelve hours. In adults, one part turpentine to four of camphorated oil, used as a liniment, followed with dry, hot flannels, is of benefit. As a rule a free opening of the bowels is indicated, some of the salines being the proper thing. Strong purgatives should be avoided as they tend to lower the vitality of the patient.

In the treatment of broncho-pneumonia, specific medication, thoroughly carried out, usually produces results that are all that could be desired.

The remedies mentioned are those most usually indicated in broncho-pneumonia; not all will be indicated in the same case, but in a series of cases some one or more of the remedies mentioned will find a place.

Aconite for the small, frequent pulse, with chilly sensations, usually indicated in the first stage, should be given in small doses, frequently repeated until effective, then less often.

Veratrum for the full, bounding pulse; the sthenic case usually requires veratrum. Aconite and veratrum combined seem to act better in some cases than either remedy alone.

We have used a granule composed of aconitine 1-134 gr., veratrine 1-134 gr., and digitalin 1-67 gr., given every hour to an adult, until effective, then less often as indicated, and like the results obtained in the sthenic cases very much. It is an active combination and must be used with care, and effects watched very closely.

Belladonna is quite often indicated in the asthenic cases, where the capillary circulation is poor and there is marked congestion, the extremities are inclined to be cold and the surface pale or dusky, patient dull, pupils dilated, eyes half closed.

Gelsemium for the restless patient, flushed hot skin, contracted pupils and twitching of muscles. Ipecac for the irritative cough, pointed red tongue, indicated in the early stage of the majority of cases.

Bryonia is indicated where the pleura is involved, or there are sharp, cutting pains in chest, considerable pain on coughing and deep respiration.

Asclepias comes the nearest to being an all-around remedy in broncho-pneumonia, in fact it does in nearly all of the acute respiratory troubles, of any remedy we have ever used. Its diaphoretic action is mild but sure, and its expectorant qualities are quite marked and decidedly beneficial in these cases; it should be given freely.

In giving the remedies mentioned as indicated we will have very little use for any of the so-called cough remedies. The cough becomes loose and easy as the patient comes well under the influence of the remedies mentioned.

During the later stages when supportive treatment is indicated, cactus, nux vomica, or strychnine given as indicated will answer every purpose. The alcoholic stimulants we find no occasion to use, excepting in those who are addicted to the daily use of such. When the stomach is in condition to retain food, some good liquid food, either home-made or a predigested preparation, should be given in quantities to suit the case, every three hours. Plenty of water,

lemonade, or other suitable drink should be allowed, as there is considerable thirst.

Considerable care should be given the case during convalescence as the disease is very debilitating. Usually some tonic preparation is indicated, strychnine and hypophosphites for old people. Iron and some mild bitter for children. Cactus is quite often indicated during convalescence and may be added to any other remedy that is being given.—*Transactions of the Ohio State Eclectic Medical Association, 1905.*

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## THE SYMPTOMS OF LOBAR PNEUMONIA IN THE AGED.

J. P. MARTIN, M. D., DENVER, COLO.

I HAVE chosen to take up some of the peculiarities of pneumonia in the aged, and particularly its symptomatology.

While a typical case of pneumonia is very easily diagnosed, the typical forms are often puzzling, and it is with difficulty a positive diagnosis is made. Taking up the earliest symptoms of this disease in the aged we must consider first the prodromus. These are present in most cases and usually are quite characteristic. Languor, weakness, headache, and wandering pains are usually met with; the onset is rarely abrupt as in the young adult. It is unusual to have a sharp chill in the aged; more frequently a creepy or chilly sensation is complained of, lasting for a few minutes. When an old person has a chill without easily discernible cause, pneumonia should always be suspected and looked for. The fever in pneumonia of the aged is low, rarely above 100 and frequently there is an absence of fever much of the time. In a few cases, however, the temperature may be 103 or more. Rectal temperature is higher than mouth temperature, and if the tongue and mouth are dry, the former is the only reliable method of determining the fever. A case came to my hands for treatment in which I could not find any increase of fever in the mouth, but when the thermometer was used in the rectum it registered 103° F. One common characteristic of the pulse is its full bounding character and its irregularity. In most cases it intermits one to ten beats per minute.

In severe cases it is soft and easily compressed. If the blood vessels are markedly sclerosed, the pulse should be counted at the



heart. In frequency it is from 70 to 90, rarely over 100. Pain is diffuse and often complained of as a dull, aching feeling referred to the back or sides, frequently to the abdomen. Very rarely it is sharp and lancinating, as in young people. The patient may have no pain or pain may be elicited by having the patient take several deep inspirations. The cough is often absent or so slight as to escape observation unless attention be particularly called to it; when present there is at first little or no sputum. After three or four days the cough may increase and the sputum be streaked with blood, rusty or yellowish in color and large in quantity. Cough when present is usually hacking in character; sometimes it is severe.

Respiration is increased from 24 to 48. It is panting in character and is now accompanied with dyspnea. This is an important point of the diagnosis.

The cheeks are usually flushed, one cheek may be much more so than the other. The symptom is usually present and may be one of the earliest and most persistent objective symptoms. The skin is often congested; the face frequently looking red, with eyelids cyanotic. When exhaustion is great the face may be pallid and the lips inclined to be blue. Delirium in the aged is frequently present and of low form, never maniacal; headache and vertigo often persist throughout the entire course of the disease. There is anorexia early and persistent; the bowels are often loose and the crisis may be often indicated by diarrhea, sweating, and great weakness. The tongue is usually dry and frequently red and broad, sometimes flabby. The urine is scanty, usually albuminous containing a large excess of urea.

The physical examination of the aged pneumonic in early stages is frequently fruitless. The lung, hardness of the chest wall, sclerosis of the bronchial tubes, and the frequent emphysema, make a very careful examination necessary. If examination by careful palpation, percussion, and auscultation is made, we are usually able to find the pneumonic spot. The patient should breathe deeply when auscultating and we must not expect such decided dullness on percussion as is found in the young adult. Sudden deaths from pneumonia are much more frequent in old age than in the young. Loomis makes the broad assertion that 90 per cent of all deaths after sixty-five are due to lobar pneumonia. Certain it is that very many cases of sudden deaths have been caused by pneumonia, the patient and friends believing the disease only a slight cold.

We should warn our older patients against neglecting a simple cold. Gangrene of the lung is a termination of pneumonia which occurs occasionally. It is of greater frequency in the aged than in the young.

The treatment of pneumonia in the aged does not differ from the treatment of the younger patient. Convalescence is always established more slowly and an abrupt crisis is not frequent—three to four weeks is a short time for an aged patient to be sick with pneumonia, and one must be careful never to hurry convalescence. Let the patient remain in bed a few days too long rather than to run the risk of extension or return of the disease.—*California Medical Journal*.

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## THE DIAGNOSIS OF PNEUMONIA IN CHILDREN.

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THE object of this paper is to call attention to the necessity for great watchfulness during the course of the zymotic diseases of childhood, in order to detect at the earliest possible moment evidences of broncho-pneumonia; and also to point out some of the difficulties occasionally experienced in determining the diagnosis of lobar pneumonia in children.

It will not be necessary to review the classical symptoms of either disease. Broncho-pneumonia, while frequently occurring as a primary disease, is usually secondary to bronchitis and diseases in which bronchitis is a symptom, as whooping cough, measles, influenza, and other acute infections. The symptoms indicating the invasion are usually not marked, being those of an ordinary bronchitis. The child is apt to be less than three years of age. In a young child convalescent from or during any of these diseases, the appearance of any symptom, no matter how slight, fever, increased respiratory movement and pulse rate, indicating a retrograde movement, requires a most painstaking physical examination, although it must be admitted that, even when the disease is well developed, the physical signs are not always characteristic.

The difficulty in making a satisfactory examination of children is often very great. It is well, therefore, to make it a rule in all cases to have the patient stripped, and an effort made by the nurse to distract its attention until the chest is completely gone over. In some cases it is easy to entirely overlook sounds that are distinctly

characteristic, if every part of the chest is not noted. At the rear and lower portion of the chest are most apt to be found the characteristic subcrepitant râles.

Pepper observed that "the sounds of broncho-pneumonia are in no sense characteristic; but when to the râles of bronchitis there are superadded fine subcrepitant râles, with harsh or blowing breathing, and areas of even indistinct impairment of resonance at the postero-inferior portions of the lungs, the evidence, so far as physical examination is concerned, is fairly clear." Percussion will occasionally show points of dullness, and often it will not.

Antedating the appearance of fever and increased respiration, for a few days, there may have been constipation and green stools, calling attention to the digestive tract rather than to the respiratory.

If a cough were always present with the accession of fever, little difficulty in diagnosis would be experienced; but it not infrequently happens that little or no cough is present at the beginning of these cases.

There is one early symptom quite constantly present in acute pulmonary affections which is immediately suggestive, that is an increase in the frequency of respiration. With this will usually be found some fever. We have all observed cases in which no symptoms were present for several days, beyond increased respiration and a little fever, which then developed the characteristic symptoms. This is due to the bronchitis so often preceding the actual development. We have also seen young children convalescent from whooping cough suddenly develop a very high temperature, increased respiration, and green bowel movements, with absolutely no cough or characteristic chest sounds for several days. The occasional absence of cough is very misleading, but the increased respiratory movement is very significant.

There is a form of broncho-pneumonia occurring in new-born infants, which, from its insidious onset and rapidly fatal termination, is apt to leave the physician in doubt as to what ailed his patient. The child may have manifested evidences of a slight cold, when suddenly it is seized with convulsions which may be frequently repeated, accompanied by diarrhea and enteritis. This may occur without much fever or cough; but, as a rule, the respirations are decidedly increased, and it is unusual that a trifle of cyanosis is not present.

It is well to observe, in passing, that cases of broncho-pneu-

monia making an unusually slow convalescence may have tuberculosis as a primary cause, affecting the bronchi or lungs, since intercurrent attacks of broncho-pneumonia are not infrequent in pulmonary tuberculosis of children.

The evening temperature of broncho-pneumonia is usually higher than the morning temperature. I recall a case, occurring a few years ago, in which there appeared considerable excitement and intestinal disturbance, with this evening elevations of temperature, which confused a noted diagnostician for five days, owing to the absence of characteristic lung sounds; the case presenting an excellent counterfeit of typhoid fever.

To-day the early signs of pneumonia rarely need be confused with typhoid, even in the absence of distinctly objective symptoms, when it is remembered that a blood count in either form of pneumonia almost always shows a decided leucocytosis, while in typhoid there is rarely an increase; in fact, there may be a diminution in the number of leucocytes early in the disease, and usually before a Widal reaction could be looked for.

Both primary broncho-pneumonia and the lobar form may, owing to their sudden development, be confused with other diseases in much the same way; and they are much more apt to be confused with diseases entirely remote from the lungs than secondary broncho-pneumonia.

Fortunately, lobar pneumonia in young children is not nearly so fatal as broncho-pneumonia. Children attacked with this disease are usually, though by no means always, over three years of age, previously vigorous and robust in health. Some writers assure us that lobar pneumonia is almost as common in infancy as it is after the third year. In my own work I have seen very few cases of lobar pneumonia in young children.

So many cases of lobar pneumonia in children are inaugurated with pronounced pain that our attention is entirely absorbed by the distress remote from the seat of disease. Pneumonia beginning with severe abdominal pain, either localized or general, high fever, constipation, vomiting, rapid breathing, and anxious facial expression, might very easily pass for a case of appendicitis, until the development of pulmonary sounds indicates the disease in hand. These indications, unfortunately, are often late in appearing.

The importance of an early diagnosis between appendicitis and pneumonia is obvious. Let the physician invariably interrogate

the lungs at every point and allow no surgical interference in these cases until he has demonstrated the lungs to be sound. Pain in the side, cough, or an expiratory grunt, no matter how infrequent, is suggestive. A leucocyte count in these cases is not helpful, since it is usually high in both diseases. In adults, pneumonia in the upper lobe is rare; but in children it is of very frequent occurrence. In these cases resembling appendicitis, however, the disease is most apt to be found at the base, rather than at the apex, on the right side. The fever in pneumonia will usually be found much higher than in appendicitis, and it is apt to remain steadily high until defervescence. Respiration is rather more rapid in pneumonia, and close inspection often discerns a slightly restricted movement on the affected side. The abdomen may be tympanitic, tender on the right side, in pneumonia, and even the right rectus muscle rigid, but it has been observed by Barnard that the gentle but firm pressure of the flat hand will detect a light relaxation of the abdominal walls between each respiration in the case of pneumonia, which is not the case in appendicitis.

The crepitant râle is most surely heard during deep inspiratory efforts and coughing, and only after the most diligent and frequent search should it be considered absent. Too much importance, however, should not be placed upon its absence, as it is often not heard in children; neither is the dullness on percussion so pronounced as in adults.

If convulsions occur at the beginning, it is pretty good evidence that the case is not appendicitis. The finding of the pneumococcus of Fraenkel would point strongly toward pneumonia; but unfortunately sputum is rarely obtainable from children.

Cerebral symptoms may so predominate in a case of pneumonia at the beginning that some difficulty may be experienced in eliminating meningitis. Convulsions, vomiting, headache, general hyperesthesia, and high fever may be present in either, and some time may elapse before there are characteristic developments.

The usual respiration-pulse ratio of 1 to 4 is more apt to be maintained in meningitis than in pneumonia, where it often reaches 1 to 2. Respiration is not usually so rapid in meningitis, nor will there be present that appearance of breathlessness, expansion of the alæ, and the dark red flush in one cheek. In meningitis the tache cerebrale is nearly always present; strabismus; rigidity of the neck, and Kernig's symptoms are quite commonly present, and it

is not likely that a cough will be present. Some assistance may be derived from an estimation of the chlorides in the urine, since in no other acute disease will the chlorides be found so low as in pneumonia.

Other diseases may somewhat closely simulate pneumonia, but probably none so important as those mentioned.

If the physician is not in constant attendance upon children with the infectious diseases of childhood, he should warn those in attendance to be alert and observant of any symptom, no matter how slight, and to report to him at once, so that the invasion of broncho-pneumonia may be met promptly. And, further, before making a diagnosis of appendicitis or meningitis, the physician should give the chest and head the very best examinations of which he is capable.—*Pediatrics*.

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## CHELIDONIUM MAJUS.

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AMONG the valuable and interesting remedies cultivated in our own country there are a large number that have not been brought before the profession as a whole. One of these is *Chelidonium majus*. This is known as Garden celandine and has been in common use among the Eclectic physicians for many years. They have established an exact place for it in therapeutics which no other remedy will perfectly fill. It is a remedy for those conditions accompanied with fully developed abdominal plethora, and where there is inefficient functional glandular action of the gastro-intestinal tract, with imperfect circulation within the organs, glands or tissues of the abdomen. Its most apparent action is directly upon the spleen, liver, and pancreatic glands. It stimulates the chylipoietic system and influences favorably all organs supplied by the solar plexus of the great sympathetic.

It causes the liver to secrete thinner and more profuse bile and is useful in promoting the expulsion of gall stones. It is valuable in simple biliousness, in general hepatic congestion, in acute or sub-acute inflammation of the liver, or where jaundice is due to catarrhal conditions, or swelling of the coats of the bile ducts. It is also valuable where dropsy is due to liver troubles, and it will re-

lieve supra-orbital headache and neuralgia, when these conditions are dependent upon liver troubles. To be specifically exact, the remedy is indicated when there is pain under the angle of the right shoulder blade, especially if accompanied with enlargement of the liver, with elevation of the temperature, chilliness, jaundice, a yellow-coated tongue, a bitter taste in the mouth and a craving for acids. It is also specific in enlargement of the spleen, whether of an acute or chronic character. It relieves splenic congestion, thus reducing the enlargement. In acute cases with chill and fever, belladonna will facilitate its action.

When there is full tensive or throbbing pain in the right hypochondrium, where the tongue is pallid and enlarged, the membranes of the mouth pale, the skin sallow, full and occasionally tinged greenish yellow, as in chlorosis, with clay-colored feces and high colored urine, the remedy is indicated. It acts well upon the pancreatic glands and will relieve congestion or enlargement in these organs.

Another class of cases which is quite common in which the remedy acts nicely is that in which, as a result of defective portal circulation, there is slow pulse, irregular heart action with palpitation, dull pain and aching in the limbs and muscles, and a feeling of weight with stiffness and swelling of the hands, limbs, and feet, with cold extremities. There is a dull aching in the head, with perhaps vertigo, weariness, general inactivity, and nervous irritability. The bowels are irregular in their action. There may be constipation, with sudden attacks of looseness of the bowels, with colicky pains.

Another train of symptoms is the following, which includes some of the symptoms already named: Fullness in the stomach and bowels, either alone or in conjunction with dull pain in the right side and pain under the right shoulder blade; gastric and intestinal flatulency; deficient action of the kidneys, with dull dragging pain in the back; constipation with metallic or bitter taste in the mouth on rising in the morning; despondency and general feeling of melancholy or foreboding. The agent may be administered to excellent advantage with Fowler's solution of arsenic in small doses, in some cases; in others, with iron, podophyllum, iris, leptandra, chionanthus or lycopus. It must be used for the exact indications named to be fully appreciated.—*The Los Angeles Journal of Eclectic Medicine.*

# CURRENT ECLECTIC MEDICAL LITERATURE.

The California Medical Journal.

Vol. XXVI, No. 10. October, 1905.

1. The New Chemic Theories, - - - - - W. C. BAILEY.
2. Cerebro-Spinal Meningitis, - - - - - F. J. PETERSEN.
3. White Corpuscles, - - - - - F. G. DE STONE.
4. Leprosy—Its Causes and Prevention, - - - THEODORE JUDSON HIGGINS.

1. Dr. Bailey presents the first installment of a scientific discussion of the new chemic theories. This series should be read in full as abstraction impairs its sequence and value.

2. Dr. Petersen writes of cerebro-spinal meningitis and its treatment, in which he considers the importance of the primary and secondary action of drugs. Thus he advises the use of specific echinacea in rather full doses, specific bryonia and specific rhus in the usual fractional doses; veratrum album in second dilution; kali muriate and kali iodide in 3x; stramonium, belladonna, and melilotus in the 3d; arsenicum album, carbo-vegetabilis, and zincum metallicum in the 12x; and gelsemium and cicuta virosa in the 30 dilution. The latter remedy he regards as the most efficient in violent opisthotonic cases. The writer has not been narrow in the selection of his remedies, borrowing from the specific medication of Eclecticism, the homeopathic school, and from Schüssler's tissue therapy, but he will probably find few Eclectics who will closely follow his treatment until stronger proof of its efficacy in reported cases shall be forthcoming.

4. Dr. Higgins believes that leprosy, isolated cases of which he contends are now found in nearly every great seaport, is spread by means of the dust or scales coming in contact with the mucous linings of the mouth, throat, and nasal passages; by mosquitoes, common fleas, and body lice feeding upon leprosy subjects. Stale raw fish causes the disease manifestations to appear, while its origin from inoculation is exceedingly problematical, it having taken seven years for the malady to develop when experiments were so conducted by Arning. Even then the subjects mingled with those having leprosy. He also believes that it may be transmitted through



fomites. He advises isolation in institutions, strict prohibition of the indiscriminate use of drinking vessels, destruction by fire of all dressings, and the use of carbolic acid, formaldehyde, etc. The sputum should be received in boxes which are to be burned. Finally lepers should be encouraged to disclose their condition, probability of a cure being assured them.

Vol. XXVI, No. 11. November, 1906.

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| 1. Alcohol—Food or Medicine, - - - - - | F. G. DE STONE.  |
| 2. The New Chemic Theories, - - - - -  | W. O. BAILEY.    |
| 3. Impotence, - - - - -                | A. G. DEARDORFF. |

1. Dr. De Stone, while deploring "the debasing effects of liquor drinking," contends for the use of pure alcohol as a food. He asserts that he has yet to find the first drunkard who never used tea or coffee, and scores "the temperance worker with his grave filling high license, and the W. C. T. U. with their hell-born coffee-pot and tea-pot," who, he declares will have to give an accounting for their criminal work: who "come to us speaking of clean lives when they are reeking with the filth of their own perverted appetites, and further are manufacturing drunkards from the most prolific of all sources, at the mother's table over the coffee and tea cups."

"We are learning that disease can not exist in a body where pure blood circulates, and this blood is manufactured by the organs of digestion from the foods we eat, and it does not take much of a prophet to foresee that this search for the proper food must be in the line of investigation, that shall supersede all kinds of medication; had we spent the last nineteen hundred years in trying to know what elements had been left out of our diet that enabled us to get sick, we should now know just what food to give to supply that which is needed and thus keep up the blood to its proper standard of purity.

"We know that an animal in its natural state has no desire to take that which is injurious to its body; on the other hand, man is but a higher animal, (?) craves poisons of many kinds, and in all ages of history and among all races of men we find addiction to some kind of narcotic poison, i. e., opium, tea, coffee, tobacco, cocoa leaves, hashish, cocaine, chloral, and last, and by far the least harmful (if a pure article can be obtained), alcohol in its many forms of liquors. I give these in order of their harmfulness to the system for reasons which will appear later. As we examine more closely the chemical constituents of the body, we find that almost five parts are pure alcohol; not the exact formula of alcohol as we are able to manufacture it from the elements, but so close to it that we can not form a compound to represent it.

"The conclusion is thus forced upon us (in spite of the teachings

of uninformed persons who assume to educate us to the contrary), that the system must use alcohol to fulfill its development. Perhaps we may here find the cause for that craving, which we know man has for that which is not found in his ordinary foods in sufficient quantities; and therefore he attempts to supply the wants, by resorting to the poisons above named. It is more probable that we shall find this craving is born of ignorance on the part of parents in not affording their children the proper foods.

"There have been many conjectures as to what principle or principles in alcoholic beverages cause intoxication, and the majority of chemists have been satisfied to lay the responsibility at the door of fusel oil; but later experimenters deny this, and assert that the principle causing intoxication is a nitrogenous principle analogous to nitrocyanic acid, a most deadly poison, and this I believe to be the case, for I have demonstrated to my own satisfaction that this principle can be removed, and that alcohol so treated can be drunk with impunity; I have repeatedly drunk eight ounces of a preparation containing thirty per cent of pure alcohol, without producing other than slight symptoms of exhilaration, not at all bordering on intoxication. \* \* \*

"We started with the statement that alcohol is a permanent constituent of the body; this being admitted, we must go further and allow that there are cells in the body that can make use of alcohol and also that there must be a like arrangement in the cells of the digestive tract that cleanse and purify it in such a manner as to remove its objectionable qualities. We are obliged to admit both of these statements or deny the chemical analysis of the body, and this is in direct line with the history of the use of alcohol as a beverage as we shall show in a subsequent article; I shall simply state that in no other way can we account for the known fact that thousands of persons become accustomed to the use of alcohol and thrive on it and live to a good old age."

2. Up to about 1900 all works on physics divided matter into solid, liquid, and gaseous forms. Now a fourth has been added—the extragaseous or etheric. It is a question whether heat is capable of producing this last state, but electrical action, such as electrolysis and the high tension of modern static machines do. This etheric state of matter is the subject of the second installment of a paper upon new chemic theories, by Dr. W. C. Bailey, in which he considers "the growth of etheric spirals and the building of form into the primal atom."

3. Dr. Deardorff offers a paper commendable for its directness and conciseness. The following treatment is briefly submitted:

"Treatment—First find the cause of impotency; remove the cause, and by a thorough physical examination of the urethra from meatus to

bladder it can most always be found. Surgical treatment may be necessary. Take patient away from female society; trip in mountains; hunting and fishing. If very nervous, give bromide of potassium for a time. Horseback and bicycle riding not good, as they aggravate the nerve centers, or are liable to. Avoid all excitement of an erotic nature, lewd books, and conversation of a lewd nature. After the urethra and prostate are in order, nature generally does the rest, if not use cold steel sounds with the cold reflow irrigator. Ice-water has a fine effect. Then strychnine, chloride of gold, damiana, and the different forms of iron, placing patient in full vigorous health."

### The Eclectic Review.

Vol. VIII, No. 10. October, 1906.

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|---|------------------|
| 1. Country Experiences, - - - - -                     | F. P. SINCLAIR.  |
| 2. "Immortality"—A Review, - - - - -                  | J. U. LLOYD.     |
| 3. Rhus or Ivy Poisoning—A Specific Remedy, - - - - - | ANDREW J. MANN.  |
| 4. Rheumatism, - - - - -                              | H. HARRIS.       |
| 5. Treatment of Mammary Abscess, - - - - -            | P. NILSSON.      |
| 6. Lobelia, - - - - -                                 | G. W. BOSKOWITZ. |

2. In a lengthy review of "Immortality" by Dr. William Colby Cooper, Prof. John Uri Lloyd, in a pen picture, pays this tribute to the author:

"Of exceeding versatility, Dr. Cooper combines rare ingenuity and artistic wit with a profound philosophical make-up. He believes in serving to some people the lighter side of life that is needed and craved by the people he thus serves. In the next breath the Dr. Cooper that this writer thinks of as being the real Dr. Cooper, turns to serious meditation and 'Attic' philosophy for that which serves best himself, intellectually and recreatively. Possibly this book 'Immortality,' is the first real glimpse the reading public has had of this side of his good self. Should the reader meet Dr. Cooper he would see a quiet, very modest, somewhat shrinking, mild gentleman, unobtrusive to a degree, patient, and sympathetic, both in speech and action. Whatever may be the field a man occupies in life, he will find that Dr. Cooper is at home in a discussion of that very field, whether it be medicine, philosophy, religion, literature, poetry, or any other subject that takes the thought of humanity at large. Hence it is that the reader of Dr. Cooper's writings finds therein a versatility which leads men conversant with the general scope of his literary contributions, to ask a friend of Dr. Cooper's for the information herein recorded. In the company of children, Dr. Cooper is playful as a child. With men of the world, he is earnest in his advocacy of problems that concern life and action. He discusses erudite subjects with such philosophers as Coates Kinney, religious precepts with such scholars as S. M. Jefferson, literature with such experts as Professor Venable, and those things that take the thought of specialists in other fields with the

same thoughtful comprehension. To illustrate, as has been said, in his book 'Immortality' he writes, perhaps for the first time for the public, upon a subject that has taken many years of his creative and his recreative thought. And yet, with it all, we believe that in his simple and sweet poetic ballads, such as 'Irene,' we have a not less touchingly beautiful side of Dr. Cooper's make-up, than in the more profound work 'Immortality.' "

3. Dr. Mann prizes highly the following medicament for poisoning by rhus:  $\mathcal{R}$  Acetate of lead,  $\mathfrak{z}$ ij; dilute alcohol,  $\mathfrak{z}$ xvij. Mix. Sig. Sponge the affected part with this lotion every three hours.

4. In an excellent paper on rheumatism, Dr. Harris reviews the affection in all its phases, shows the diversity of opinion regarding its etiology, and refers to the two forms of treatment pursued by the physicians of the old school; viz., the alkaline treatment and the salicylic treatment. Of the drugs used by Eclectics he mentions *cimicifuga*, *rhus*, *bryonia*, *sticta*, *phytolacca*, *apis*, and *apocynum*. He states that he had been much interested to note the effects of *cascara sagrada* when added to other indicated drugs. He cites Ellingwood's report of Goodwin's use of it in 1886. May we add that Prof. Herbert T. Webster has long advocated *cascara* in the treatment of rheumatism, using in place of *cascara sagrada* the *Rhamnus Californica*.

5. Dr. Nilsson employs tincture of chloride of iron early in the puerperium to prevent mammary abscess, believing it to "decrease abnormal coagulability of the blood and lacteal fluid." The prescription used is:  $\mathcal{R}$  Tincture of nux,  $\mathfrak{z}$ j; tincture of chloride of iron,  $\mathfrak{z}$ iiss; hydrochloric acid, q. s.; water,  $\mathfrak{z}$ j; syrup of ginger, q. s.  $\mathfrak{z}$ iiij. Mix. Sig. One teaspoonful every three hours. If given in time no suppuration occurs.

6. Dr. Boskowitz reviews the recorded uses of lobelia and makes some valuable observations. He refers to the fact that if one were a close student of Hare he would only feel at liberty to use lobelia in atonic constipation. The older Eclectics used it in a great many conditions never thought of to-day. No matter what the condition, whether in syphilis, dyspepsia, or in colicky children, it is a magnificent remedy when you have the basic indication "expressionless tongue." He refers to its value in "Eclectic wash" (see November, 1905, GLEANER) and as an application to incised wounds, felons, in biliary colic, urethral stricture, and certain forms of dyspepsia. With him it is a favorite remedy, and he

uses large quantities of it. He cites Martin (sixty-eight years' experience with lobelia) as to its value in angina pectoris, hysteria, and tobacco heart; C. Edwin Miles, in hernia (poultice) and in rigid os; O'Niel, in tetanus and lockjaw; Pickett, in atonic vomiting; Crawford, in snake bites; Baker, in syphilis, and with other indicated remedies, in pelvic disturbances; and Lloyd, as to the superiority of the seed over the whole plant.

Vol. VIII, No. 11. November, 1906.

- |   |                   |
|---|-------------------|
| 1. Micro-organisms, - - - - -                                       | ALEXANDER WILDER. |
| 2. Specifics in the Treatment of Asthma, - - - - -                  | M. B. PEARLSTEIN. |
| 3. Treatment of Pulmonary Tuberculosis, - - - - -                   | D. N. BULSON.     |
| 4. The Physiological Treatment of Pulmonary Tuberculosis, - - - - - | A. W. HERZOG.     |

1. Dr. Wilder discusses micro-organisms in a convincing manner, and his contribution is one of the strongest we have seen against the causation of disease by germs. Many readers will be at least "almost persuaded" by his array of facts and logic. Bacteriology is by no means a fixed science as yet, and it will take some years to come before the matter will be satisfactorily settled one way or the other. Dr. Wilder says "The germ-theory is an assumption of causes, of which we have no evidence to account for effects which they by no means explain." He further says:

"It seems idle to attribute to them any specific agency in the producing or disseminating of disease. Indeed, if any considerable portion of the alarmist announcements were true, affirming the presence and activity of death-dealing micro-organisms, the earth would have been totally depopulated ages ago. But, instead, their errand is an errand of mercy. Karsten remarks that 'they appertain neither to the animal nor to the vegetable world, their mission being only to contribute to the promotion of putrefaction and disintegration, like all septic bodies.' So far from being seeds and agents to generate special diseases, they are the agents for neutralizing and removing matters that might otherwise be harmful."

That microbes have but little effect upon those who live right, he further adds:

"One people, the Hebrew, has sustained itself through the centuries, its activity never lessened, its exemption from epidemics, and by an average term of life almost double that of other races. Their dependence during all this period has been, not on extraordinary sanitary precaution, but upon physical stamina, wholesome personal habits, and a steadfast purpose in life. This suggests the true direction of effort."

2. Dr. Pearlstein's article will be reproduced in a future issue of the GLEANER.

3. Dr. Bulson would treat consumptives with two baths a week, keep the bowels active, have the patient out of doors as much as possible and with plenty of fresh air at night, sleeping preferably in the garret or attic. The patient should sleep alone, and above all things he should be protected from stomach troubles. Eggs, milk, and buttermilk in abundance should be fed. He cites the case of a young man who took one dozen eggs a day in connection with other food and plenty of fresh air. He recovered completely. He notices two remedies which he believes more often indicated than any others—sulphur and iodine. Sulphur is indicated by "sharp heat in the larynx, a peculiar dry, stifling or choking cough, dyspnea, and pains in the walls of the chest cavity—principally under the clavicles." Iodine is indicated by "rapid emaciation, sweats, and fever."

4. Dr. Herzog's splendid paper, full of good sense and Nature, should be read by every physician. His formula for the treatment of incipient phthisis is "Much food, much rest, much air, much sleep, no worry, and no work." We shall be glad to reproduce it in a future issue of the GLEANER.

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#### The Nebraska Physician.

Vol. II, No. 3. October, 1905.

(The articles in this issue are reproductions of papers from other journals.)

Vol. II, No. 4. November, 1905.

- |   |           |                |
|---|-----------|----------------|
| 1. The Evolution of Disease,  | - - - - - | W. W. DeWOLF.  |
| 2. Acute Nephritis of Children,   | - - - - - | E. E. CONZ.    |
| 3. Destruction by Fire of the Transactions of the National<br>Eclectic Medical Association, | - - - - - | F. ELLINGWOOD. |

1. Dr. DeWOLF writes an excellent paper, pregnant with thought, upon the evolution of disease. He commends the study of scientific evolution but warns the physician not to be caught in the shallow company of such persons, who, "when the subject of evolution is mentioned scoff and at once think—man-monkey, missing links, or some kindred absurdity." By way of introduction he says:

"The unrolling of the series of changes presented to us by the observation that all existence occurs by reason of a preceding cause, is the latest and greatest thought ever uncovered by the human mind.

For convenience this universal evolution may be divided into two classes. First, inorganic evolution which treats of the world of inanimate substances and is represented by such studies as astronomy, geology, etc. Second, organic evolution which treats of the world of life, and is represented by such studies as biology with zoology, botany, and physiology, pathology, etc., as sub-heads. Biology and its divisions concern us in this study. Life as a characteristic of that jelly-like chemical compound, protoplasm, consists of the uninterrupted establishment of an equilibrium between an organism and its environment. By environment we mean all those surroundings or investing forces which have any effect whatever upon the organism. Disease as a mode of life is a disturbance of this equilibrium. The ideal healthy (physiologic) life is that in which the internal protoplasmic relations are perfectly adjusted to external relations, and diseased (pathologic) life is that condition of protoplasm in which these relations are not perfectly adjusted. Environments momentarily change. A flowing river is not the same identical stream two instances in succession. It is the same in all things. Molecular changes make it impossible to have two environments exactly alike in successive moments. Life being an adaptation to these changeable surroundings must also change constantly or cease, and would do so if we had the ideal perfect, physiologic life as above set forth. Non-adjustment is disease."

The paper takes up the phenomena of fever and inflammation in all forms of life, hypertrophy and atrophy, and atavism. It is well worth reading in full.

2. Dr. Cone presents an unusually good clinical picture of acute nephritis of children, particularly as it occurs following attacks of the exanthemata. His treatment is simple and he cautions not to irritate the kidneys, and advises to have the best of nursing and that nothing in the treatment is of greater consequence than the diet. Milk is therefore the food administered, it having long ago been found that the kidneys can take care of the excrementitious products of milk better than that of any other form of food. A strict milk diet is then enjoined. The circulation should be regulated by drugs, the intestinal canal thoroughly evacuated, and if dyspnoea should be present it may be relieved by hot packs. He adds:

"Excessive dropsy calls for mild diuretics, possibly a saline cathartic, and cardiac stimulants. The development of uræmia with high arterial tension, headache, and vomiting is a harbinger of evil, and such remedies as strychnine, digitalis, ergot, and belladonna may be thought of. I have used uratropin, lithiated hydrangea, etc., in some cases but without any appreciable benefit. Some authors advise

venesection which I certainly do not approve of. A suppurative nephritis is or might be classed among the surgical cases; in fact I am inclined to believe that a free incision and open drainage would save some cases that would have otherwise proved fatal."

3. Dr. Ellingwood, secretary of the National Eclectic Medical Association reports the loss, in a disastrous fire on November 9th, of the partially printed Transactions of that body, and all the papers, essays, addresses, and records of the proceedings. He makes an appeal for duplicate papers to replace those destroyed so that a complete volume may be issued.

### The Eclectic Medical Journal.

Vol. LXXV, No. 11. November, 1905.

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|--|-------------------|
| 1. Not Uncommon Cause of Disease and Death, - - -    | ALEXANDER WILDER. |
| 2. Pemphigus Neonatorum, - - - - -                   | WILLIAM N. MUNDY. |
| 3. Reflections and Observations, - - - - -           | W. B. CHURCH.     |
| 4. Texas Eclectic State Board Examination, - - - - - |                   |

1. Dr. Wilder contributes the first installment of an article on the mischief done by mental impressions, particularly those giving rise to fear. Such impressions often result in serious results and not infrequently invite the condition most feared. These the physician must recognize. He is to attempt to solve the mysterious problems of the imagination, the purpose being chiefly to ascertain the mischief that occurs through its agency. Several illustrative cases are cited to show the results of a morbid imagination. The physician too desirous of a fee sometimes exaggerates the patient's condition. All this comes under the category of topics discussed by Dr. Wilder in a most excellent paper, which should be read in full to be appreciated.

2. Dr. Mundy, expecting criticism and objection, makes bold to differ with some dermatologists who deny the existence of pemphigus neonatorum. Sajous recognizes this complaint, Stellwagon and Shoemaker are silent concerning it; Hyde describes it, and "Carpenter, while classifying it as a type of pemphigus, doubts its existence, and affirms that the disease is one of mistaken diagnosis,"—a bullous form of impetigo contagiosa. With this Dr. Mundy can not agree, proving his position by the differential diagnosis between pemphigus and impetigo contagiosa as given by Carpenter himself. Dr. Mundy thus describes his cases as follows:

"Our second experience with the disease just recently has led to a renewed investigation of it. The babe, four weeks old, was taken



sick with what the parents supposed to be colic. The symptoms briefly enumerated were: slight fever, restlessness, and crying. In about forty-eight hours after the onset a large bleb appeared upon the forehead, having no inflammatory halo about it. Others soon appeared upon the neck, face, arms, and on various portions of the body. The bullæ were very large, and filled with a clear, semi-transparent serum. These ruptured, dried, and were replaced with a blue mark. There were no scabs nor semblance of crusts at any stage of the disease. The mother informed me that there was an almost complete desquamation. The restlessness and crying were nearly continuous, as though the child was in pain. Emaciation was rapid. At no stage of the disease was there any tendency toward the formation of pus or crusting. The other case, reported some years ago, was not of such mild a type or nature. The child was five days old when the attack occurred. In addition to the bullous eruption, which was far more extensive than quoted in the above case, we had convulsions, diarrhea, and icterus. The child was very much more emaciated and life was despaired of.

"The treatment was simple. Antiseptic washes, in conjunction with dusting powders. We used salicylic acid and bichlorate of soda as a wash; lycopodium as a dusting powder. Internally, remedies were given in accordance with the symptoms as they presented themselves."

3. Dr. Church's paper is an introduction to what promises to be a useful series of articles showing that it is not well to rely too exclusively on our drug remedies in the treatment of disease. Even specific medicine and medication should not be cherished with such enthusiasm as to cause us to ignore other therapeutic resources. It should be read in full.

Vol. LXV, No. 12. December, 1905.

1. Rejuvenation of Our National Association, - - - H. L. HENDERSON.
2. Not Uncommon Cause of Disease and Death, - - - ALEXANDER WILDER.
3. Diphtheria, - - - - - W. K. MOOK.
4. Indications for the Use of Carbolic Acid, - - - W. F. PEARSON.
5. The History and Etiology of Nephritis, or Bright's Disease, - - - - - A. O. PALMER.
6. Reflections and Observations, - - - - - W. B. CHURCH.
7. Complete Removal of Adnexa from Pregnant Uterus, with Subsequent Delivery at Full Term, - - - J. E. WADDINGTON.
8. Oregon State Board of Medical Examination Questions, . . . . .

1. Dr. Henderson writes a well-thought out article showing that our National Society is not keeping abreast of the times and adjusting itself to changed conditions. He says:

"The founders of the National Eclectic Medical Association were men of great wisdom in their day, and were actuated by a large degree of pugnacious patriotism, as well as a common interest in opposing professional oppression and intolerance, together with a broad love for humanity, and a sincere desire to improve the practice of medicine of the times."

Times, however, have changed. With a large profession there is a small national membership. A member pays \$5.00 per year for membership and gets in return a stale volume of Transactions. Of this small membership many never go to the meetings. He suggests a remedy, patterned after that which he believes lends success to the national body of the dominant school; *i. e.*, that the National furnish to each member for his yearly dues a subscription for a journal which is given exclusive right to publish the essays and proceedings of the National. In this way much money laid out for publishing transactions would be saved for other purposes and each member would look forward with pleasure to the time when the regular issue of his "journal" would bring to him fresh articles. Stale proceedings would be avoided and enough money provided to pay the regular stipend of the secretary and furnish even a weekly journal.

2. Dr. Wilder continues his article on the mischief wrought through mental impressions, in this installment considering the mental effect and consequent disastrous results of taking from the young and particularly the old articles of possession or the removal of them from objects of habit and affection. Of this phase, preparatory to citing instances, he says:

"But after the career has passed its climacteric such matters have become too serious to be passed over lightly. The habits have become fixed, and the power of recuperation from shock is lessened to a very great degree. The life itself is intimately involved. Examples abound everywhere in which incurable injury has been inflicted by disregard of these matters. Individuals parting with cherished possessions, or removed from their home and habitual scenes of life, or deprived of employment which had engaged attention till it became a habit, are liable to become mentally enfeebled, or to succumb to bodily debility, which no medicine can remove."

In conclusion, he strongly urges that the old—the old physician for example—stay at his post to the last—die in the harness. Again he says:

"Certainly nothing should hinder older doctors from helping others by the best powers which they possess. We have no good doctors to spare. Many hold degrees, but the real physicians are few. The medical profession has never been overcrowded with such, however many the pretenders may have been who were enrolled as Doctors of Medicine. The knowledge which they have acquired and the experience by which it has been matured are too valuable to be consigned, as it were, to the dust-heap. The tact and experience of the veterans far

exceed in value the boastful new learning of the last half century. The very designation of the art, therapy, is itself a statement of the duty. It means service, caretaking, worship, as well as attendance on the sick. The physician as a therapist is obligated to serve so long as he is able. The qualities, the abilities, the service of which a man is capable, are due to the world in which he is living; and so long as the ability lasts, it is the right, because it is the imperative duty to bestow them.

3. Dr. Mock discusses diphtheria in all its phases, beginning with the time of Aretæus, 50 A. D., and ending with the most modern treatment. He contends that the disease can only be positively diagnosed by a bacteriological test, and that this should be done, as laboratories, private and public, are now so accessible. He claims that the use of anti-diphtheritic serum has completely changed the prognosis of the disease, lowering a mortality of from forty to fifty per cent to ten or twelve per cent. He strongly advises antitoxin in the treatment, good ventilation and sunlight as inimical to the life of the bacilli, and that all persons exposed to the infection be treated to immunizing doses of antitoxin. Alphozone 1-1000 is a splendid gargle. Stillingia liniment inhalations by means of steam is advised in the laryngeal form with threatened stenosis. Specific medication adds to the efficiency of the antitoxin treatment. Aconite and phytolacca should be used in hyperemic throat conditions with swollen lymph nodes and the latter has been given for some days after the membrane has disappeared. Intubation should be resorted to if steaming does not relieve the laryngeal stenosis. If albumen persists after the membrane and fever have disappeared, Lloyd's nitre should be given in small doses. Strychnine should be used for post-diphtheritic paralysis. The urticarial rash and itching following the injection of antitoxin usually passes away in less than forty-eight hours. Vinegar and water will relieve the itching.

4. Dr. Pearson comments upon a statement of Dr. Justin Herold in *Medical News* for July, 1905, in which he refers to the fact "that carbolic acid, even when greatly diluted, occasionally promotes the development of gangrene in a wound to which it is applied." Dr. Pearson published in the *Eclectic Medical Journal* in 1891 that there were "opposite conditions of wounds, one for which carbolic acid is the specific remedy, the other to which, if carbolic acid be applied, it will act as a poison and finally produce gangrene." The point he wishes to convey is that as Dr. Scudder taught, "the quantity of medicine given is not of such importance

as the giving of the right remedy," therefore when carbolic acid is contraindicated it acts as a poison, however greatly diluted it may be, a statement he claims priority for as he called attention to it fourteen years ago.

5. Dr. Palmer pays a deserving tribute to the work done by Sydenham, Willan, and Bright in keeping historical records of cases so as to give aid to those who were to follow them in "enlightening the profession and relieving suffering humanity." Even Richard Bright, who began investigating and writing upon diseases of the kidney about 1790, was not versed in the knowledge of the toxins, nor did he "always know what caused the nutritional and degenerative changes in the kidneys, nor the edemas and retentions of water and solids, and the causes of inadequacy of the various forms of nephritis." He described the disease: modern investigators have shown the causes. Of the causes of nephritis, Dr. Palmer says:

"The products of metabolism that escape oxygenation, as well as the products of perverted and arrested metabolism, and the many poisons of gastro-intestinal origin, are among the exciting causes of nephritis. Thirty-five years ago I was taught that there were two main causes for Bright's disease, and they were the use of alcoholic stimulants and high living, which no doubt, even according to the best light of to-day, is practically true. From what has been said one can conclude that the gastro-intestinal tract and the tissues of the body, when not properly performing their offices, furnish the main causes for nephritis. When the digestive organs are abused so that not only the stomach, but the intestines furnish the blood with food juices of an abnormal and highly toxic character, which always leads to hepatic insufficiency, and is a great cause of flooding the circulation with the various poisons that chemical and bacteriological changes can produce under such circumstances. As soon as these poisons commence to be carried through the circulation, and exercise their deleterious influence upon the heart, arteries, liver, and all the tissues of the body, as well as the kidneys, morbid changes must follow." \* \* \*

"The most common division of the causes of the kidney changes are given by Dr. Crofton, who states that the cardio-vascular changes must appear first. The intoxicating causes that I have mentioned result in high blood pressure, which leads to nutritional disorders in different parts of the body. It is a well-known fact that all of the organs that are supplied by end arteries are first and chiefly involved, causing nutritional derangements. The retina, brain, and kidneys are supplied by end arteries.

"We have always been taught that in Bright's disease the kid-

neys are always primarily involved, and as a result renal insufficiency causes retained products, which are very hurtful to the arteries, retina, and brain structure. It can be readily seen that this is not the fact in the case, as the retina may be found badly injured and the brain involved in diseased changes before the kidneys show any evidence of a diseased condition. My own experience bears out these statements. Twenty-five years ago I was taught to examine the retina to determine whether I had diseased conditions of the kidneys or not, but I was not told that I might have a badly diseased condition of the retina from toxic causes, with no kidney changes whatever, which I found in some cases. Dr. Schuessler says that the so-called Bright's disease is simply a chronic form of albuminuria; that nature does not have a sufficient supply of calcium phosphate to prevent albumin being lost by way of the kidneys. We have all been taught that when the urine was examined and we found albumin in it, the kidney must be undergoing some very destructive changes. I was formerly much alarmed when I found albumin in the urine, but my experience has taught me that the old teaching was not correct. Albumin might be found in various quantities in the urine for years, and there be no serious diseased changes in the kidneys.

"Wherever the phosphate of lime salts are wanting to any extent albumin may be found in the urine. Febrile and inflammatory diseases, dyspepsia, neurotic irritation, excessive albuminous diet, visceral diseases, and cold-water bathing, are causes that should not be forgotten. Constant and cool condition of the surface may force so much pressure upon these end arteries that albumin will appear in the retina or urine. Constant congestion about the end arteries will produce structural changes in time."

6. Dr. Church considers, in his first paper following the introductory article in the November journal, the subject of hydrotherapy, much neglected by doctors, and gives illustrative cases where it has evidently saved lives at his hands—particularly cases of scarlatina and neurasthenia.

7. Dr. Waddington reports the remarkable case of a woman, aged thirty-two, upon whom, when in the third month of pregnancy, a laparotomy was performed and the adnexa completely removed together with the appendix. Up to this time she had suffered severely, but now made an uneventful recovery and felt better than for years. Six months later albuminuria with severe symptoms ensued, but under hot packs and specific gelsemium, veratrum, and macrotys her condition improved. Two weeks after she was delivered of a six and one-half pound boy. Convulsions followed in about twelve hours. Vigorous measures, including hot air treatment, venesection, and saline injection were resorted to, and she

began to rally. Gelsemium and veratrum were then given; 1-20 grain of elaterium every two hours. Involuntary passages of urine and feces followed. Indicated treatment was given and the patient made a good recovery and menstruation occurred four weeks after the delivery of the child.

### The Chicago Medical Times.

Vol. XXXVIII, No. 11. November, 1905.

- |   |                      |
|---|----------------------|
| 1. Chronic Endometritis, - - - - -                | A. L. CLARK.         |
| 2. Shock—Causing Neurasthenia, - - - - -          | A. H. READING.       |
| 3. Treatment of Menstrual Disorders, - - - - -    | FINLEY ELLINGWOOD.   |
| 4. Huarchichile—A Mexican Fever Remedy, - - - - - | R. J. SMITH.         |
| 5. Quinine Bisulphate, - - - - -                  | JOHN ALBERT BURNETT. |
| 6. Hypersecretion, - - - - -                      | O. WOODWARD.         |

1. Dr. Clark says that few conditions are so unsatisfactorily treated as chronic endometritis. He enumerates its many causes and lays particular stress upon its gonorrheal origin—by infection either recent or latent. The symptoms objective and learned by inspection are clearly given, and he states that while more cases can be benefited by medicine than is usually supposed, a small percentage of cases improve under such remedies as uterine tonics, which, by improving the general strength thereby tend to overcome the uterine involvement. These remedies include cimicifuga, aletris, senecio, viburnum, pulsatilla, etc. The best and most philosophical treatment will be found that which treats the uterus from a septic standpoint. He outlines the necessary surgical procedure. This article will be reproduced in a future issue of the GLEANER.

2. Dr. Reading's article on shock as a cause of neurasthenia should be widely read. It can not be well abstracted without detriment to the article as a whole. Illustrative cases are given.

3. Dr. Ellingwood reviews the menstrual disorders, giving causes, symptoms, and treatment. Of the treatment of amenorrhoea he says:

"In anemia, chlorosis, and wasting fevers, the popular restorative is iron in some one of its many forms. The tincture of iron, the phosphate or hypophosphite, or citrate, or the carbonate, are all good, as are several other common preparations. For several years I have used a syrup of the oxide of iron, and I find it the most eligible of all preparations. It is palatable and is most readily appropriated, there being evidence of this in the rapid change in the appearance of the

patient, from the first. It produces no discoloration of the mouth or teeth, and but little, if any, of the feces, and it is pleasantly received by the stomach. I find it a most excellent restorative, both of the general condition and of the menstrual flow. Rademacher's tincture of copper will be found of excellent service in many cases, and sometimes superior to all other remedies. If albuminuria, or incipient Bright's disease, is the cause, nux vomica will prove a valuable medicine, in full doses, persistently continued. In the sudden suppression of the flow from overwork or from exposure to cold, I advise rest first; then a hot bath and the frequent administration of full doses of tincture of aconite and tincture of cimicifuga, followed, after perhaps twenty-four hours, by full doses of quinine. This latter remedy is especially indicated if malaria is present as a cause. Belladonna is valuable in these cases, oftentimes. Pulsatilla, in small doses, is a very excellent agent, especially if with the cause named there is mental perturbation. It is much used and valued by homeopaths. I have used the permanganate of potassium in a great many cases where the cause was obscure, but do not feel favorably inclined toward it. Its use is not devoid of danger, and much care must be exercised in its administration, to prevent its chemical decomposition. A few of my cases have been benefited by it, and many have not. It undoubtedly is an active oxidizing agent. The dioxide of manganese is a less irritating preparation, and should be superior to the potassium salt in powers of oxidation. It is rapidly gaining favor. I have used the compound tincture of iodine, a few drops at a dose, often repeated, with good results. The electrical current is a very valuable adjuvant in the treatment of many of these cases, and should not be overlooked."

Of the treatment of menorrhagia he advises that

"The agents to be used must be selected with care, from a not wide field. The cause being removed, and the excessive flow still continuing, the milder astringents may be used first. Gallic acid has superior advantages for its effect on a passive flow. Associated with this is ergot, a remedy praised more than it deserves, or gossypium, an agent which is growing in popularity. Some physicians obtain good results from aromatic sulphuric acid; others do not. If it were not for its unpleasant effect upon the stomach, there is nothing more prompt in its action, in severe uterine hemorrhage, than the compound tincture of the oils of erigeron and cinnamon, but the stomach will seldom tolerate it for more than a short time. It is made of one dram each of the oils, in two ounces of alcohol. From ten to twenty drops is a dose, in water or on sugar. Two of the most valuable remedies for continued use are hydrastis, that 'old reliable' of the Eclectics, and viburnum prunifolium. These two remedies, continued steadily for weeks, will in many cases do more real good than all other agents combined, without much regard to the cause. I had two or three cases of metrorrhagia at one time, occurring together, where excessive sorrow was the cause. I tried every conceivable agent, with no

effect whatever, for weeks. I finally prescribed viburnum, helonias, aletris farinosa, and hydrastis, in the proportion of about two parts each of the first and last, and one part each of the second and third, giving ten drops at a dose every three hours. The combination worked promptly in every case. I have never obtained much benefit from iron in these cases and I have never had to resort to the tampon, although I believe it is sometimes necessary."

4. Dr. Smith introduces a Mexican fever remedy, *Huarchichile* (pronounced wa-chi-chile) called in Dato's *Materia Medica La Bapinosilla*, and botanically as *Losselia coccinea*. Don Cervantes called it Mexican phlox. It is a shrub growing from one and one-half to four feet high. It grows in high mountainous altitudes in moist situations where the sun shines at least a part of the day. The stem is light green, leaves rich green with lighter veinings, and the flowers pink and blossoming in July and August. All above-ground portions of the plant, which are very bitter, are employed in cold infusion for the relief of malarial fever, in colds, influenza, ague, the simple fevers of childhood, and to overcome the effects of a spree. The women rub it into the scalp to prevent falling of the hair.

5. Dr. Burnett discusses the superiority of quinine bisulphate over the ordinary sulphate. It is readily soluble in water and can thus be readily used as a lotion where quinine is to be used locally. He revives the claim that it is to be preferred in children and when the stomach is irritated and does not tolerate the internal administration of cinchona salts. As the sulphate in ointment form is very efficient in this respect it is probable that like results may be expected from the bisulphate.

6. Dr. Woodward asserts that the condition years ago denominated consumption was merely hypersecretion brought about by the use of expectorants, the wasting effects of which finally brought about death. For more than a decade now physicians have known the medicinal action of sedatives—aconite, veratrum, bryonia, and sanguinaria—by which we are able to control irritation and the circulation, and establish normal secretion without hypersecretion. He details minutely and gives the differential diagnosis between another greater evil of hypersecretion—that of hypersecretion or catarrh of the bowels—as opposed to genuine constipation. His article details the conditions, causes, which are too lengthy to reproduce here. Of treatment he says:



"A successful treatment must be adapted to fulfill all requirements: 1. Proscribe all foods that irritate the mucous membranes and absorbent vessels. 2. Prescribe a neutral antiseptic and laxative. 3. Prescribe such indicated remedies as give only a slight acid or alkaline reaction. 4. Stimulate the skin. Foods that irritate are spices, vinegar, and fruit acids, fresh and salty meats, tea and coffee, and excessive quantities of chloride of sodium and sugar. Many of these subjects eat three or four ounces of butter daily, containing twenty-five grains each, which is an abuse of condiments. These patients will be nourished on a diet of vegetables, fresh fish, honey, and home-made bread, milk, cereals, and weak soups.

"Antiseptic Laxatives.—*R* Sulpho-carbolate of sodium,  $\mathfrak{ss}$ ; fluid extract senna,  $\mathfrak{ss}$ ; pure glycerine,  $\mathfrak{ss}$ ; rye whiskey,  $\mathfrak{ss}$ . *Misce*; *Signa*. Two to four teaspoonfuls in a glass of cold water before breakfast every morning. Sulpho-carbolate sodium and glycerine are antiseptic and alkaline; senna and whiskey are mildly antiseptic, stimulant, and slightly acid. This forms a non-irritant antiseptic, stimulant, and neutral laxative. As this condition must be treated as a chronic disease and at the office, the medication will naturally assume the form of prescriptions obtained from experience. *R* Kali sulph.  $3x$ ,  $\mathfrak{ss}$ ; specific ergot,  $\mathfrak{ss}$ ; specific ipecac, gtt.  $\mathfrak{ss}$ ; glycerine,  $\mathfrak{ss}$ ; aqua, q. s.,  $\mathfrak{ss}$ . *Misce*; *Signa*. One teaspoonful in water every three hours. Or, *R* Distillate of hamamelis,  $\mathfrak{ss}$ ; specific belladonna, gtt.  $\mathfrak{ss}$ ; tincture cardamom,  $\mathfrak{ss}$ ; glycerine,  $\mathfrak{ss}$ ; aqua q. s.,  $\mathfrak{ss}$ . *Misce*; *Signa*. One teaspoonful in water every three hours. Patients affected with hypersecretion of the bowels always exhibit periodicity in some degree, *i. e.*, a tired and prostrated feeling is present in the morning, afternoon, or during the night, which disturbs sleep. They are sleepy most of the time, but can not rest. For these, one of the following prescriptions is given: *R* Lloyd's echafolta,  $\mathfrak{ss}$ ; specific belladonna, gtt.  $x$ ; glycerine,  $\mathfrak{ss}$ ; aqua q. s.,  $\mathfrak{ss}$ . *Misce*; *Signa*. One teaspoonful in water every three hours. *R* Fluid extract American centaury,  $\mathfrak{ss}$ ; specific avena,  $\mathfrak{ss}$ ; Fowler's solution,  $\mathfrak{ss}$ ; glycerine,  $\mathfrak{ss}$ ; aqua q. s.,  $\mathfrak{ss}$ . *Misce*; *Signa*. One teaspoonful in water every three hours. Whenever tormina is present give the following: *R* Distilled hamamelis,  $\mathfrak{ss}$ ; specific belladonna, gtt.  $\mathfrak{ss}$ ; specific colocynth, gtt.  $\mathfrak{ss}$ ; glycerine,  $\mathfrak{ss}$ ; aqua q. s.,  $\mathfrak{ss}$ . *Misce*; *Signa*. One teaspoonful every three hours. These preparations are quite neutral and non-irritant, and yet they control irritation and check secretion, strengthen intestinal circulation and muscular fibers. Individuals who have been since childhood afflicted with hypersecretion of the bowels present an organic condition of the perspiratory glands which requires the use of the following stimulant for months, to restore them to normal action: *R* Petrolatum, white,  $\mathfrak{ss}$ ; tincture capsicum,  $\mathfrak{ss}$ ; oil cloves,  $\mathfrak{ss}$ ; oil citronella, gtt.  $xv$ . *Misce*; *Signa*. Anoint the whole body, after sponging it with cold water, twice weekly. The head must be washed in warm water and rinsed in cold, at least once a week, or it will become so delicate as to invite frequent colds."

Vol. XXXVIII, No. 12. December, 1905.

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|---|----------------------|
| 1. Leukemia, - - - - -  | N. A. GRAVES,        |
| 2. Necessity for Thorough Examination in Diagnosis, - - - - - | CHARLES H. BUSHNELL. |
| 3. Cleaning out the Alimentary Canal, - - - - -               | J. R. LANDERS.       |
| 4. Mental Influences, - - - - -                               | J. A. BURNETT.       |
| 5. A Visit to the Lloyd Library, - - - - -                    | WILLIAM P. BEST.     |
| 6. George Royal Shafer, M. D., - - - - -                      | W. E. KINNETT.       |

1. Dr. Graves discusses leukemia and reports two out of four cases that have come under his care. The paper covers the ground in a concise article, and to our mind such articles are of very great value in our journalistic literature. It is true that we may go to our text-books for such data when we desire it, but in such articles much is garnered that can not be found in such books. We therefore strongly commend the reading of this paper in full. These points are prominent. The prognosis is unfavorable, the clinical symptoms are apt to lead one to believe he has a case of anemia or of Hodgkin's disease, and no actual diagnosis can be made without a blood count. The remedies which have been used are arsenic, iron, bone marrow, and similar preparations. In the two cases he reports marked improvement took place upon the administration of Fowler's solution in considerable doses in the one case, and the use of blood-iron preparations in the other.

2. Dr. Bushnell relates a case of a woman who suffered untold agony in the pelvic parts with symptoms referable to the womb. Long treatment at the hands of physicians for a uterine trouble alone failed to give relief. Constant burning pain in the womb was the leading and most constant of many severe symptoms. The case was diagnosed as one of endometritis, hemorrhoids, and *cystitis*. Treatment for the latter with borolyptol flushings, with saw palmetto, santal, and passiflora yielded quick results. The uterus was curetted, and the hemorrhoids removed by knife and actual cautery, under chloroform anesthesia. Quick recovery followed. The burning pain persisted for some little time but gave way to the saw palmetto and santal. The doctor asks what might have been the results had the cystitis been recognized early and treated instead of the womb trouble. The misery had tormented the woman for ten years.

3. Dr. Landers relates two cases which had every appearance of becoming grave typhoid fever, which were evidently cases of autointoxication due to poison retained in the alimentary tract. Even though these cases had been purged and had eaten little they were

subjected to a thorough cleaning out by high enema and cathartic treatment. This was done at about the end of ten days in one and the second week in the other. Immediate recovery followed. Of cleaning out the bowels he says:

"While some continue to preach "clean out," etc., the idea does not seem to have aroused the interest it justly merits. Many do not seem to comprehend the significance of an unclean or feces-loaded alimentary canal; or that it may cause perpetuation of symptoms, or aggravate, enlarge, amplify, or intensify them. Not only among the laity do we find persons who believe that a daily movement precludes the possibility of a poisoned, vitiated bowel; much less can they believe that the accumulation of days, weeks, or months, may be hidden away in the intestinal tract (but practitioners, too, make the same mistake), or that a dose of salts that has produced a motion or two has left behind any fecal material; especially if there has been a watery discharge."

5. Dr. Best, who recently spent several days in the home of the GLEANER, studying a special subject, writes thus of the Lloyd Library:

"Did you ever get away from home and find out how narrow you had become; how little you really know of the vast world of physical activity and the still more vast world of thought? Can you realize what the world is doing if you never go beyond the narrow limits of your own business, or get out of yourself and mingle your thoughts with the best of the world, both past and present? We hear of great accomplishments, read of foreign lands, and know something of a few of the world's great men. But what an inspiration we lose if we never see or meet any of the famous men who aid in shaping the policies of the world, if we never see any of the marvelous structures, bridges, buildings, and powerful vessels, the crowning attainment of human energy, engineering and skill. How impotent the potential that lies wrapped or bound up within one, until by precept or association one is aroused to the vastness of existing actualities and is made to hunger for further development by seeing or mingling with great men or having personal knowledge of their accomplishments. Our conception of most things is broadened, our understanding enlightened, and our appreciation heightened by contact with things we have been told of or about which we have read. I am but trying to depict to you the result, to myself, of a recent visit. Many times and in various places, from many pens and people, have I read of and heard of the Lloyd Library. But not until it was visited had I any adequate conception of this most wonderful collection of books, the like of which is elsewhere unknown, it being unique, in the world. I went to Cincinnati for the purpose of studying a special subject in this wonderful library. Here I found books, old and new, of every tongue and every land.

Volumes that speak the thoughts of men on medicines and allied sciences, from physic to alchemy, from the dawn of book lore down through the long centuries to the present day. What a monument to the energy, spirit, and unselfishness of man! More than two dozen thousand volumes of books and pamphlets; the arrangement and care of this vast collection of works; the building to accommodate the tomes and their readers; the librarian to classify, care for, and seek the never-ending additions to this already extensive and incomparable collection of books, is the priceless and princely gift of the Lloyds to posterity in general and to Eclectics in particular. To this library come now men of culture from all over the world to study. Men of every clime, having heard of the Lloyd Library, seek it for knowledge. Its doors are open to all seekers after knowledge and lovers of science, and they may use its treasures without money and without price."

6. (See editorial columns.)

### The American Medical Journal.

Vol. XXXIII, No. 10. October, 1905.

1. Gonorrhoea, - - - - - J. C. TAYLOR.
2. Notes on Malaria, - - - - - JOHN ALBERT BURNETT.

1. Dr. Taylor discusses the importance of the study of gonorrhoea—a menace to public health exceeded only by tuberculosis—and outlines his plan of treatment of uncomplicated anterior specific urethritis. He believes the physician should apprise the victim of the seriousness of his complaint and warn him not to stop or to change treatment until the physician pronounces him well. His treatment consists of the usual hygienic and dietetic observances. Self-treatment by the ordinary injection method he condemns. Concerning this method and that which he prefers over it, he writes:

"If an efficient germicide could be used while the gonococci were still upon the surface of the urethral membrane, we might expect prompt and brilliant results. But the manner and the promptness with which they penetrate the deeper tissues where they are completely protected from the strongest germicide precludes the possibility of destroying them in this way. The strongest antiseptics the urethra will bear will not reach them even if left in contact for a considerable length of time. The local treatment should be conducted along lines that meet the indications and allows the physician to keep his patient under immediate surveillance. The irrigation method fulfills these requirements. A satisfactory method of irrigation is with a reservoir suspended from a pulley, to the tubing of which is attached a two-way nozzle with an alternating cut-off by which the inflow and outflow may be controlled. The outflow is cut off while the urethra

is being distended with the fluid, then the inflow is cut off and the urethra allowed to completely evacuate its contents. The proper distention of the urethra will be secured by having the reservoir elevated to the height of about five feet. The glands, ducts, crypts, and urethral folds are harbingers of gonococci, and can not be cleansed by the ordinary injection; this can only be done by complete distention and repeated flushing. Irrigation should be practiced twice a day during the acute state, and less frequently as the case progresses, about one quart of solution will be sufficient to thoroughly cleanse the urethral tract. The drug which will give the best results in the majority of cases is permanganate of potassium, 1-5000 to 1-2000, the weaker solution to be used in the beginning, and increased as the case progresses. In order to detect at once the development of posterior urethritis the patient should be made to urinate in two or three glasses at each visit. As long as the last urine remains clear the inflammation is confined to the anterior urethra. During the declining stage diet may be stimulating and treatment can be changed frequently with good results. Silver nitrate 1-10,000 may be alternated with the permanganate, or a mixture of silver nitrate 1-20,000 and permanganate 1-4000 may be used, or the permanganate irrigation may be supplemented by occasional instillation of protargol 1 per cent, or nitrate of silver 1 per cent. Finally irrigation may be discontinued and injections of zinc sulphate, 2 per cent used. If the reparative process seems slow, instillation of a few drops of nitrate of silver, 5 per cent may be made. Care should be taken not to use an astringent injection too frequently or for too long a time, as by the surface congestion which it produces a discharge may be prolonged indefinitely. The urine at this time should be closely watched, and as soon as it remains clear for three or four days, as shown by the two glass test, treatment may be discontinued."

Vol. XXXIII, No. 11. November, 1905.

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| 1. Prenatal Influences, - - - - - | JOHN ALBERT BURNETT. |
| 2. Antitoxine, - - - - -          | I. R. RIGLER.        |
| 3. Dr. G. W. Hyde, - - - - -      | ALEXANDER WILDER.    |

1. Dr. Burnett's article consists of excerpts from published data concerning prenatal influence on the conformation of the child, as well as the determination of the sex, intended to support his belief in the doctrine of maternal impressions. The closing line of the paper "The Scripture and *hypocrites* speak of this subject," was evidently intended to refer to our great medical ancestor—the Philosopher-Physician of Cos, but it is couched in rather uncomplimentary orthography.

2. Dr. Rigler offers a readable paper in support of the claims of antitoxine advocates, notwithstanding that the proof-reader has

juggled with his introductory sentence. For the enlightenment of those who are not familiar with the terms employed regarding the serum and the supposed ferment produced by it in the system, we quote below his opening paragraph, which makes the lexiography and history clear to the reader. He then proceeds to outline the process of the manufacture of antitoxine and offers proof of its efficacy when applied simultaneously with diphtheritic toxine.

With many, Klebs-Loeffler, toxine and antitoxine are confusing terms. Often toxine is mistaken for antitoxine, and the relation Klebs-Loeffler, the producers, bears to toxine the product, is not clearly understood. Klebs was the discoverer of this nonmotile, blunt-ended, narrow-middled bacillus, and Loeffler the confirmer. This vegetable organism, often or nearly always associated with the staphylococci and streptococci, is the real originator of the membrane which characterizes diphtheritic exudate. Its action is wholly local; its aim, apparently, being to create toxine which is hurled through the blood stream and brings about the various symptoms which taken collectively and with the local action of the bacilli, we call diphtheria. Either or both of the other germs may produce an angina and a membrane, but none is genuine diphtheria without the trade mark 'Klebs-Loeffler.' Toxine is supposed to be a ferment, a secretion, produced by diphtheritic bacilli. It is the specific poison produced by the germs during their life existence. Artificially toxine is made by peptone bouillon being inoculated with diphtheritic bacilli and grown three to five days under the most favorable conditions. At the end of this period a virulent toxine is the result. Trikresol is added to kill all remaining germs. This product is now filtered to separate the germs from the toxine. The remaining solution is an absolutely germless, virulent diphtheritic toxine. Antitoxine is a reactionary product which can not be produced in a test tube. It is Nature's product in reaction to the action of toxine in the system of a living being. According to Mulford, antitoxine is blood serum containing antitoxic bodies which possess the power of immunization. Another defines it as blood serum from horses immunized against diphtheria. Antitoxine is that reactionary product which develops in the fluids of an individual into whose system has been introduced toxine, and tends to neutralize or does, if produced in sufficient quantity, completely neutralize the virulent effects of toxine: and if introduced into the system of a susceptible subject in sufficient quantity, immunizes that subject against diphtheria."

3. Dr. Wilder contributes a short eulogistic obituary of Dr. G. W. Hyde, who died at Clinton, Iowa, September 5, 1905. He was born in England, April 11, 1829, and on reaching manhood engaged in medical practice. Emigrating to the United States in 1857, he went into commercial life and when the Civil War broke

out was rejected as a volunteer by reason of imperfect health. In 1873 he went into practice at Clinton, and later entered the Eclectic Medical Institute at Cincinnati as a student and graduated in 1876. He early joined the Illinois Eclectic Medical Society, and, in 1881, the National. "He engaged," says Dr. Wilder, "to a wide degree the confidence and good will of his fellow citizens and associates, and deserved it by a strict fidelity in every relation of life."

### Modern Eclecticism.

Vol. I, No. 11. October, 1905.

1. Diagnosis and Treatment of Typhoid Fever, - - - - -	J. P. HARVILL.
2. A Case in Practice, - - - - -	F. H. FISK.
3. Facts in Medicine, - - - - -	C. D. R. KIRK.
4. The Care of My Hand-grip, - - - - -	W. L. LEISTER.
5. Shall We Adhere to Our Principles, - - - - -	M. W. HENRY.
6. Questions in Anatomy from an Oklahoma Examination, - - - - -	
7. Can Malaria be Treated without Quinine? - - - - -	J. A. BURNETT.
8. Rhus Poisoning, - - - - -	W. R. FOWLER.
9. Echinacea in Treatment of Gonorrhoea, - - - - -	L. F. BUGS.
10. Some Points of Experience, - - - - -	O. E. KING.
11. Dr. Goss's Stronger Liniment, - - - - -	

1. Dr. Harvill uses the following treatment (in part) of typhoid fever:

"To combat the septic conditions, baptisia should be given 20 drops to 4 ounces of water, teaspoonful every two hours, if the tongue is red and dusky, heavy, sleek coat, breath sweet, sickening, and offensive discharges present the appearance of meat washings, pupils enlarged, and oppressed pulse. Echinacea one drachm to four ounces of water, teaspoonful every two hours should be given if there be marked emaciation, profuse and offensive discharges, feeble vitality with nausea. I rely upon this remedy as being very positive in its effect. I consider the sulphocarbolate of zinc a good remedy when a local intestinal antiseptic is required. I give it where there is much flatulence and tympanites. Injections of cold water with sulpho-carbolate of zinc is to be recommended. For the hyperpyrexia, I think nothing equal to the sponge bath or light pack to bowels. Cool water enema will cause a drop of one degree in temperature. Jaborandi is the remedy if pulse is strong and full, pain in back and limbs, suppression of urine, skin dry and harsh. Veratrum if pulse is bounding, marked throbbing of arteries, red stripe in center of tongue. Give me a good stomach in typhoid fever and my work is half done. Nothing should be given neither food nor medicine that will in any way disturb the stomach. We sometimes have gastric irritation, characterized by nausea and rejection of food and medicine. Tongue becomes pointed and red at edges. Aconite, rhus, bismuth, and peachtree infusion are

some of the remedies to be thought of. Diarrhea often gives trouble, though it should be looked upon as a necessary drainage; the height of intestinal irritation and catarrh is usually measured by it. A small amount of bismuth with zinc sulpho-carbolate will usually suffice. A sudden drop in temperature about the end of the second week will cause us to suspect hemorrhage. The hypodermic injection of 15 drops of ergotole will be the first thing to do. Patient should be kept quiet and a cold pack to abdomen. Charcoal should be given internally. If there be hyperperistalsis a small dose of opium will be required. Nourishment should be discontinued for a time. I have lost one out of five cases of hemorrhage. Rhus, when patient is nervous, restless, making sudden demonstrations with pointed tongue, elevated papillæ, becomes a veritable antiseptic, half drop at a dose. In such a cloud of remedies time forbids to more than mention salicylate of sodium, macrotys, gelsemium, nux, hyoscyamus, cypripedium, bromides, asclepias, strychnine, and many others that may be used in this disease."

3. Dr. Kirk points out the specific indication for calomel in cases of nausea and vomiting as a rather contracted pale tongue with prominent papillæ. The dose should be small and often repeated.

5. Dr. Henry's article is a well-written plea from one who has long practiced according to the teaching of the early leaders of Eclecticism, against supplanting that form of practice by specific medication, which does not appeal to him as rational and scientific. It is not a ranting argument, such as many write when opposed to a form of practice, but the doctor honestly and in chosen language puts himself on record in favor of old Eclectic methods.

7. Dr. Burnett writes that the following prescription is the best remedy that he has ever used to ward off a chill:

"℞ Fluid extract hydrastis, fluid extract gentian ss ℥iv; fluid extract cascara, ℥ij; salicin, grs. xx; compound tincture myrrh, ℥j; simple syrup, ℥viij. Mix. Sig. Give one teaspoonful every hour for six or eight hours, so that the last dose will come one or two hours before the expected chill; at other times a dram every three hours.

8. Dr. Fowler treats rhus poisoning successfully with ℞ Lead acetate, ℥iv; carbolic acid, ℥ss; water, q. s. ℥iiij. Mix. Sig. Apply freely and frequently.

9. Dr. Bugg finds the followings a prompt injection for the control of incipient gonorrhœa: ℞ Specific echinacea, ℥iiij; bismuth subnitrate, ℥i. Water, q. s. ℥iv. Mix. Sig. Shake well and inject two or three times a day.



10. Dr. King prescribes, with prompt results, the following prescription for a "bad cold" with congestion of the mucous surfaces, sneezing, coughing, hoarse sepulchral voice, flowing tears, etc:  $\mathcal{R}$  Specific serpentaria, gtt. x; specific lobelia, gtt. ss; specific ipecac, gtt. 1-8 in 1-4 cup of hot tea, every fifteen minutes. Relief is experienced in two hours.

11. Dr. J. H. Goss's favorite liniment is the following:  $\mathcal{R}$  Fluid extract aconite,  $\mathfrak{z}$ ss; menthol,  $\mathfrak{z}$ j; alcohol (95 per cent), q. s.  $\mathfrak{z}$ iv. Mix. Sig. Apply locally to limited surface, as to an inflamed joint, rheumatism, to the throat and chest to abort a cold; excellent to abort a boil or carbuncle. He has never had any toxic effects from its use. Label the bottle "Poison."

Vol. I, No. 12. November, 1905.

1. Compound Stillingia Liniment, - - - - - JOHN ALBERT BURNETT.
2. My Way of Treating Typhoid Fever, - - - - - S. B. LEE.

1. Dr. Burnett's article covers the well-known uses of stillingia liniment as a remedy for croup, asthma, and cough. He reproduces Dr. Demarr's substitute for it, used for the same purpose; also as a general liniment for burns and cuts. The substitute is prepared as follows:  $\mathcal{R}$  Specific stillingia, specific lobelia,  $\mathfrak{z}$ ij; oil of cajeput,  $\mathfrak{z}$ j; glycerin,  $\mathfrak{z}$ ij. Mix.

2. Dr. Lee's method consists in hygienic observances and the use of water inside and out as indicated. The diet is chiefly one of fruits and fruit-juices. With these measures he claims to have carried all his typhoid cases to a successful issue.

### The Los Angeles Journal of Eclectic Medicine.

Vol. II, No. 11. November, 1905.

1. Arsenicum Album in Ptomaine Poisoning, - - - L. PAUL ZAHN.
2. Lobelia Inflata, - - - - - JOHN ALBERT BURNETT.
3. The Rainy Season in Southern California, - - - J. A. MUNK.
4. Acne, - - - - - A. J. ORANGE.
5. Clinical Reports from Los Angeles Eclectic Polyclinic, J. PARK DOUGALL.

1. Dr. Zahn is a firm believer in the efficacy of arsenicum album in ptomaine poisoning, whether caused by inoculation, inhalation, or swallowing of unwholesome food. He cites several cases in which he claims good results from its use and others in which he believes it would have been of signal service. In this class of cases he includes wounds inoculated with animal ptomaines, and food

poisoning caused by the ingestion of spoiled fruit, cheese, ice-cream, sausage, fish, clams, oysters, lobsters, and canned goods in which ptomaines or toxins or a mixture of both are responsible for their deleterious action. He does not use Donovan's or Fowler's solutions, but prepares a tincture as follows: Take pure vitreous arsenous acid, one part in fine powder, boil to complete solution in sixty parts of distilled water; filter; increase the filtrate to ninety parts by addition of distilled water; add ten parts of 95 per cent alcohol. This is a 1 per cent solution of arsenic, equivalent to the second dilution. Dr. Zahn recommends the third dilution prepared by adding one part of the above preparation to a part of alcohol. One-half drachm of the third dilution is added to six ounces of water, the dose of which is a teaspoonful every hour, or oftener in urgent cases.

2. Dr. Burnett does not believe that the Indians employed lobelia prior to its use by Samuel Thomson, to whom he justly gives the credit for bringing it into general use. No other remedy will take its place. It will more completely relax the human body than any other internally administered drug. He lauds lobelia as a useful remedy to open up the way for other medicines; then it should be given in small doses. Specific lobelia is by far the best alcoholic preparation of the plant. Lobelia is useful in fevers to increase the glandular secretions when the mouth is dry. Xanthoxylum and asclepias are good accompanying remedies in dry conditions or lack of secretion. Lobelia is contraindicated by relaxed states, or when the pulse is weak and the limbs prone to become cold. It is the best external application in rhus poisoning.

3. Dr. Munk contributes an instructive article on the rainy season of Southern California. These papers are of immense value to the physician who would inform himself concerning this land to which so many go to seek health. In order that Los Angeles shall have water for all purposes at all times, a deal has been consummated by which an abundance of pure mountain water from the melted snows of Mt. Whitney, will be conveyed by a closed cement conduit from Owens River, 200 miles distant, the water rights of which have been purchased for \$1,500,000. The cost of the conduit will be \$25,000,000. This project promises to be of incalculable value to Los Angeles.

4. Dr. Crance writes a good paper on acne, describes its various forms and causes and in suggesting treatment directs the usual

hygienic and dietetic precautions. Everything should be clean inside and outside the body. He says:

"In auto-infection from bowels we would call to service the salines followed by intestinal antiseptics, such as the sulpho-carbolates, calcium sulphide and iodide, and echinacea; if renal waste is to be increased the salts of potash largely diluted for depuration answer the purpose well. The skin can be kept soft and elastic by daily sponging and massage, and as general alteratives with emunctories free, arsenic, sulphur, phosphorus, phytolacca, iris, stillingia, and others serve a good purpose. The dietary should exclude articles with fermentative tendencies, likewise tea and coffee. The drinking of plenty of pure water should be encouraged."

Vol. II, No. 12. December, 1905.

1. The Reaction of Degeneration, - - - - - A. O. CONRAD.
2. The Fresh-Air Fiend, - - - - - J. A. MUNK.
3. Clinical Reports from the Los Angeles Eclectic Polyclinic, J. PARK DOUGALL.

1. Dr. Conrad's paper will be of general interest to those whose work lies along the lines of nervous diseases and electro-diagnosis. It should be read in full as it loses much by abstracting.

2. Dr. Munk pays his respects to the fiend who at all times and in all places, opens windows and doors to give free play to fresh air to the detriment of the old, the weak, and the indisposed. Recognizing the importance of fresh air and plenty of it, Dr. Munk calls respectful attention to the difference between fresh air and drafts. The fiend who opens windows allowing drafts to blow upon his fellow is a selfish and hoggy individual whose greatest desire is to have his own way and exploit his peculiar notions. We are glad to see this well written article, for it abounds in an abundance of good common sense. The article must be read in full to be appreciated.

3: Dr. Dougall reports the cure, under service of Dr. Conrad, of a case of lupus vulgaris in twenty-three and one-half hours' treatment with the Finsen Ray. A case of tuberculosis of the cervical glands, very painful and swollen, in a child of five years who was greatly reduced, was treated by opening the worst glands and curetting them, administering tonics with syrup of calcium lactophosphate, and giving twice a week fifteen-minute static treatment with occasional vibratory massage. The latter stimulation had the "effect of increasing metabolism, thereby removing waste from the body, and the tonic nutritional influences of the static treatments

soon caused her to build up." Appetite now good, sleeps peacefully, and appears to be making a rapid recovery. Service of Dr. Conrad.

### Medical Arena.

Vol. XVI, No. 10. October, 1905.

1. A New Symptom in the Diagnosis of Dystocia Due to a Short Umbilical Cord, - - - - - C. W. RICHARDS.

1. Dr. Richards interestingly discusses the subject of short cord in labor and reviews the literature on that subject. He believes that he offers a new diagnostic symptom and his claims are supported by two cases—one with an absolute or natural short cord; the other a shortness due to the cord being wound several times around the fetus. Of the diagnostic symptom he writes:

"I believe that I have observed a symptom which is easily interpretable and which is significant of the condition and of no other, and which is logically explicable on anatomical and physiological grounds. This symptom consists in the frequent jerky discharge of urine in the intervals of the pains of the second stage—an act which is repeated as soon as the pain dies out, and is kept up until the fetal head reaches the vulva. A moment's consideration of the anatomy of the soft parts at the beginning of the second stage of labor will make the explanation of the symptoms clear. By the time that the second stage has become established the bladder lies entirely above the pubis. As the second stage proceeds to its natural termination by the advance of the fetal head, the bladder becomes tightly pressed against the symphysis, lying parallel with it. At this time the urethra becomes compressed and elongated. To illustrate clinically the truth of this, I may mention how notoriously impossible it is for the patient to urinate spontaneously. If, however, after this stage is reached, the head sharply recedes from its position—an event which all writers agree is common to both varieties of the short cord, the compression of the urethra ceases and the bladder again falls forward and it is at this juncture that it empties itself in the characteristic manner of which I have spoken. That is, there is a sudden expulsion of a few drops of urine, all that has collected in the bladder since the cessation of the previous pain. There is probably no doubt that the bladder is stimulated to this act by its alternate compression and relaxation, and that it is due to reflex action. This intermittent urination takes place until the head reaches the vulva, or a position so low in the genital tract, that the retroactive efforts of the short cord no longer are able to dislodge it to permit of the falling forward of the bladder, and the urethral compression is discontinued."

SHOULD THE UTERUS BE REMOVED IN CASE OF  
PYOSALPINX OF BOTH TUBES?

D. MACLEAN, M. D.,

Dean and Professor of Obstetrics in California Medical College, San Francisco, Cal.

THIS is a question that can not be answered by yes or no. Authorities differ. Some advocate in all cases the removal of the uterus, while others would limit the removal to a diseased condition of the organ itself. With the latter I am inclined to agree, and can see no necessity for doing something in order to prevent something that might occur in the future. Were the uterus removed, the woman would be free from all the diseases to which it is liable, yet that would be only a shallow excuse.

A diseased condition, or a danger of infection from an exposed focus after removing the adnexa, might be a justifiable excuse by the surgeon to make a radical operation. However, under conservative procedures, not more than fifty per cent of tubes should be removed. In more than fifty per cent of cases the pus found in the tubes is sterile. In such cases there would be no necessity for removal of the uterus unless the organ itself was diseased.

On the other hand, if the history of the case presumed gonococcus infection the removal of the uterus with adnexa might be justifiable. The cause of pyosalpinx is not always from micro-organisms; congestions and pressure from various causes produce inflammation and the formation of pus. Those cases, as a rule, do not involve the uterus sufficiently to require its removal.

There are various reasons why the uterus should not be removed, from anatomical, moral, and mental standpoints. The uterus holds the other pelvic organs in position, and its removal weakens the floor of the pelvis, frequently followed by cystocele, enterocele, and rectocele; but more than that, atrophy of the vagina ensues, precluding sexual indulgence, which might be of importance to the younger women.

The moral and mental effect is unfavorable. No woman feels that she should be inferior to other women; that she should be incompetent for the duties of a wife. A train of nervous conditions is the result, ending in unhappiness and discomfort to more than one.—*California Medical Journal*.

## PUBLISHERS' DEPARTMENT.

JOHN URI LLOYD, PHAR. M., EDITOR.

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### CONCERNING A VARIETY OF SUBJECTS.

[BY THE DEPARTMENT EDITOR.]

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**Euonymus.**—The Curator of the British Pharmaceutical Society's Museum, Mr. E. M. Holmes, has just reported (British Pharm. Jour. & Trans.), that a consignment of bark sold in the London market for *Wahoo*, a well-known American drug, proved to be *Alstonia scholaris*. In this connection we will state that the substitution referred to would be impossible, to a person acquainted with either of these drugs, were he in the least careful. But it seems as though the old proverb, "Eternal vigilance is the price of liberty," might be paralleled, "in eternal vigilance lies the pharmacist's safety," an adage intensified and exemplified by these recurring artifices that confront the pharmacist through either the ignorance or the intelligence of the sophisticator.

**Ignorance and Intelligence.**—This, as an expression, seems illogical, when applied to one and the same object. It is like speaking of percolating upward, and downward, at the same time. And yet, it parallels the political artifices, wherein the Prohibitionists and the saloonist are led to support the same men and measures. The question is, "Can *ignorance* and *intelligence* unite to further sophistication? Are they not extremes?" Let us see. We who are concerned in meeting the commercial drug problem realize that one factor in the substitution of crude drugs is the ignorance of a digger, who helplessly mixes different plants. Thus, through ignorance, golden seal root and blue cohosh root may be mixed. On the other hand, intelligence is the capital of the *artful* mixer, who must of necessity be acquainted with the qualities and appearances of the substances from which he draws. For example, it requires intelligence to enable one to cut the fibers from twin-

leaf or blue cohosh, and so mix these with golden seal as to deceive the unwary. The most artful, and we would add, the most dangerous sophisticator, is the man who is best informed in the art of materia medica and pharmacy, if he be inclined to abuse his opportunities. Only such a person would be likely to select thin *Alstonia scholaris* to sell for euonymus, or to substitute mullein seed for lobelia seed. Such are the men who devise methods of adulterating essential oils by means of something as yet undiscovered. They are the persons most to be dreaded by the unwary.

**Knowledge versus Education.**—In connection with the foregoing, the question arises, "Can a person possess knowledge that lies outside school education?" Let us see. The usual thought concerning the word "education," seems to be that it is limited to a something obtained through personal instruction, of such a nature that the recipient can in turn impart it to others. Such an education enabled Mr. Holmes, in his article concerning *Alstonia scholaris* and euonymus, to intelligently differentiate between them. He uses technical terms descriptive of the textures of each of these substances, and thus distinguishes the one from the other. The terms employed came into our language artificially, through such scientific study as is imparted by those versed in the meanings of such terms. By means of such an education, one unacquainted with these drugs can, without a question, identify either of them.

Now comes the question of *knowledge*, without such systematic education. We have in mind a man who can close his eyes, and by the senses of touch, taste, and smell alone, distinguish beyond a question most of the drugs used in medicine. He has not the first iota of what would be called pharmaceutical *education*, even that of an apprentice, and he can not impart to another the method by which he makes his determinations. But he locates and differentiates with exactness, by sight alone, the crude drugs that come into his hands, and if there be an adulterant or sophisticant, it has little hope of escaping his vigilance. But should you ask him *how* these drugs differ from each other, he would wander helplessly in an attempt to impart the information. In other words, he has the *knowledge* that comes from experience, which, in this writer's opinion, if one uses the term *scientific* in its liberal out-reaches, is neither less comprehensive nor less scientific than the exactness of the knowledge imparted to the apprentice in pharmacy.

**Knowledge That Can Not Be Imparted.**—And this leads us to ask, "Is there such a thing as knowledge that can not be imparted?" We answer, "Yes." Instruction can be given only by reminding another of things well known to him, and by comparison therewith. Take for example, a new essential oil. The only way that the sensible qualities of that oil can be imparted to a person who has not previously met it, is to say that in odor or in taste it resembles something already known to the inquirer. If it be something absolutely new, unlike all previously known substances, the knowledge of its qualities can not be imparted. Had a person never tasted *sweet*, the sense of sweetness could not by any system of reasoning be made known to him, nor yet its opposites, *bitterness*, and *sourness*, and that, too, notwithstanding the teacher's absolute knowledge concerning these attributes. Consequently, we argue that knowledge in itself is a thing that, in some directions, belongs only to the person possessing it, and that can not be imparted without the help of something already known to the other party. This fact, in its outreaches, touches many problems in which the teacher simply reminds one of facts already known.

**Bitter.**—The word *bitter*, if it be taken in its several relationships, is a very elastic word, even in its Pharmacopœial definition. The Pharmacopœia states that gentian is bitter, and it also states that sanguinaria is bitter; but the distinction between these two, when it comes to the tongue-touch, is immeasurably great. A person familiar with the two sensations can scarcely class them together. Almost as well might capsicum or pepper be called bitter, as sanguinaria, for in our opinion the sensation of sanguinaria more nearly approaches pepperiness than bitterness. In fact, that word *bitter*, covers a multitude of sensations that seemingly shade from the sharpness of pepper down to nasty, and there are many shades of nastiness. The bitterness of gentian differs from that of cinchona, which in turn is unlike that of apocynum, whilst all such as these are separated by a very wide line from sensations imparted by sanguinaria. In this light the remarks concerning the shadings of poisons applies to these taste touches.

**Coffee Without Caffeine.**—We learn from the Pharmaceutical Journal and Transactions, London, that the Comoro Islands yield a species of the coffee plant, known as *Coffea humboldtiana*, which carries no caffeine. This was first shown in 1901, and now we find three new species of the coffee plant from Madagascar, that ac-



cording to G. Bertrand, are also devoid of caffeine. Are these coffees fitted for beverages? This question will certainly arise with those persons who believe either that caffeine is the wicked partner, or the friendly constituent of coffee. Possibly, too, it will give an opportunity for some persons to prey upon the prejudices, the idiosyncracies, or the weaknesses of the reading public, by advertising a coffee free from caffeine.

**Caffeineless Coffee.**—The foregoing brings to our mind the fact that in our section of Kentucky, during the Civil War, coffee became so expensive a luxury that few could afford it, and fewer still could obtain it. Then it was that each farmer planted a little patch of rye, and each good housewife browned and used this rye as a substitute for coffee. In the enthusiasm of the occasion it was generally decided that such a coffee was superior to the imported article, and indeed this self-deception prevailed so long as the good people of Kentucky could not get the genuine article. But the patch of rye long ago passed away, and again King Coffee, with the full amount of caffeine, or what not that it contains, asserted itself. To this it may be added that the Kentucky coffee bean (*Gymnocladus Canadensis*) derived its name from the fact that the early settlers of Kentucky roasted the berries and used them for coffee.

**"How Are the Mighty Fallen!"**—And now the conspicuous alkaloid quinine comes before us, in its humiliation. It seems not so long since cinchona bark came altogether from South America; then the South American Peruvian bark was in the height of its glory. Quinine sold at about \$2.50 per ounce, and redbark at about \$1.50 per pound. Then came the cultivated cinchona of Java; it knocked feebly at the door of commerce. But soon it waxed strong; the South American bark dropped rapidly in price, and one of the greatest monopolies that the world has ever known, than which, possibly, none was ever more firmly entrenched, came rapidly to an end. Quinine responded. Down it went. Under the successful cultivation of the rich, quinine-bearing cinchona-tree in Java, the bark became more plentiful, and quinine still cheaper. Well do we remember, when it reached the 75-cent point, the prediction of Dr. R. V. Mattison, that it would decline to 25 cents. Fresh in mind are the criticisms he received for his "vagaries." Who in the glory of that great monopoly could have foreseen the present conditions. But alas, the club that broke the South Amer-

ican monopoly is itself shattered. So great is the depression among the cinchona bark planters of Java, that millions of cinchonatrees are being destroyed as unprofitable; the plantations are being replanted with tea. This indicates the unstableness of any man's position in the face of the world's opportunities, for possibly no monopoly was ever more firmly entrenched than was the South American Peruvian bark, in the day of its glory.

**Caffeine.**—The alkaloidal subject introduced by the word *caffeine* near the beginning of this article, leads us now to ask whether we said that caffeine existed as such *in* coffee. If so, we did not intend to be so understood, regardless of whether caffeine be or be not, a true alkaloid. Caffeine is obtained from various plants or parts of plants, typical among which stand tea and coffee. But in our opinion, the man who thinks caffeine alone gives to tea and coffee their value as beverage drugs, would find himself opposed by the users of tea and coffee. Should he go into the restaurant business and supply a hot solution of *caffeine* to his patrons, when they asked for a cup of either tea or coffee, he would probably meet trouble. Whilst it is true that caffeine may be obtained from tea and from coffee, and whilst it may also be true that a quality of tea or coffee that serves the people satisfactorily yields more or less caffeine, it is not true that the assaying of these substances for *caffeine*, determines their values as beverages. A caffeineless cup of coffee would probably stand in about the same repute with coffee drinkers that a coffeeless cup of caffeine would occupy.

**Assaying Drugs.**—Comes to mind now a letter recently received from a physician tinctured deeply with the belief in "assayed" drugs. To him, the term "assay" evidently means more than a person who has made a study of the subject in its outreaches would be inclined to accept. Possibly he spoke unadvisedly of "an assayed drug," but, even so, he made no greater mistake than do many well informed people who flippantly use that term. The fact is, so-called "assayed drugs," even of the Pharmacopoeia, are not assayed drugs at all, nor do the assay processes for the fluid extracts and such, prevent the rankest deception, if a man be "intelligently" inclined to be dishonest. In our opinion, the first *drug* has yet to be assayed, if the term "assayed" means, to give a comprehensive knowledge of its structural value. People who speak of "assayed drugs," and of "assayed pharmaceutical plant preparations" mean, we take it, that certain amounts of certain things they

have in mind, are *present* in the drug. Possibly, if *we* should be asked to define the term "assayed drug," we would be more careful, even, than this, for we would say that by the method suggested, certain amounts of certain things may be obtained *from* the drug, preferring to view the substance obtained in the light of a something created, or broken out, rather than as a something necessarily pre-existing as such, in the original. Some people may, however, consider this a distinction without a difference.

**A Question of Standardizing.**—But one might ask, "If the term "*assayed drug*" is not comprehensive, can a more suitable term be employed?" We might reply, *standardizing* is used in that connection. But this word, also, is liable to abuse. As examples, fluid extract of *nux vomica*, according to the Pharmacopœia of the United States, is standardized to a certain amount of strychnine that may be obtained from it, whilst fluid extract of *hydrastis* is standardized to a given amount of *hydrastine* obtained from it. But even here, it can be perceived, the process does not standardize either the *hydrastis* or a *preparation* of the drug. It simply determines the amounts of a certain *individual substance* obtained from the drug. The remainder of the drug, or of the preparation, is an unknown quantity. In the opinion of others, this neglected complexity may embrace the most desirable qualities of the drug. The same is true of *nux vomica*, from which one per cent of strychnine has been obtained by a so-called standardizing process which indicates the amount of strychnine capable of being recovered by the process given. This, however, neither "standardizes" nor "assays" *nux vomica*.

**Misleading Standards.**—The fact is, standardizations are somewhat in the line of fancies or fads, dependent upon the impressions, or the idiosyncracies, of the people who have reason, just then, to believe in them. They are upward steps in methods and actions of men who are progressively doing the best possible under prevailing conditions and circumstances. When the fashion changes, or when, by the development of means and methods, opinions alter, a very different standard may be employed for the same drug. This has, in fact, occurred with the drugs just mentioned. Twenty-five years ago *hydrastine* was ignored entirely in both pharmacy and medicine. It had never been used as a thing in itself. The drug *hydrastis* was valued, according to the standard then prevalent, in accordance with the *berberine* it yielded. Tons and tons of the

drug were worked for berberine only, all else being thrown away. If this writer had in hand the hydrastine thus lost by him in the processes of the past, it would be worth a small fortune. Now, the once overlooked and utterly ignored hydrastine has the day, while berberine is absolutely ignored by the standardizer. Refer also to the nux vomica preparations of the 1890 Pharmacopœia, displaced but a few months ago. Nux vomica was therein standardized in accordance with the amount of mixed brucine and strychnine obtained from it. In the present Pharmacopœia, strychnine *only* is considered, the brucine being not of enough importance, in the minds of the present committee of revision, to be mentioned.

**Conspicuous Constituents.**—This is a day in which men in pharmacy, and medicine as well, are inclined to consider the whirlwind. Whatever produces a physiological disturbance, whatever dominates, as does a poisonous educt, the vegetable from which it is obtained, is accepted as the standard of that drug's excellence. Hence all else that may be associated in the texture of a narcotic plant is considered as a thing to be ignored. Yet it is well known that many modifying agents and qualifying companions exist in all vegetable structures. Indeed, the one dominating educt may be but a constituent part of a complex whole. In other words, "the still, small voice" has little part in the thought of persons concerned in establishing the value of remedial agents by the present methods of chemical standardization.

**Standardized Preparations.**—Do not infer that we are opposed in any wise to these stepping stone movements that are leading pharmacists and physicians in a direction where certainty will follow, and where otherwise, uncertainty might prevail. Quite the contrary. We believe that the official preparations of the Pharmacopœia should be conscientiously made according to the standards arbitrarily established by the Pharmacopœia. We believe, furthermore, that should the educts named as essential to them be absent, such preparations would be defective in the direction prejudged by the Pharmacopœial Committee. But in other lines, as concerns the same drugs, independent thought and action should not be limited. There are many directions in which preparations devoid of these dominating substances, or in which they exist in varying proportions, or in even very much smaller quantities, are desirable. Let us give an instance. Nux vomica free from strychnine is not as energetically and violently poisonous as when it contains strychnine.

nine. The action of structural brucine, always present in *nux vomica*, is longer continued and more slowly developed than that of its violent companion, strychnine. But in many places it may be a better friend to both the physician and the patient. It is somewhat as though nitro-glycerin be compared with gunpowder, the strychnine being the nitro-glycerin and the gunpowder the brucine. The blast of nitro-glycerin may, by its explosive energy, burst the gun, where a charge of powder moves the ball. Might there not be instances where a *nux vomica* preparation devoid of, or nearly devoid of strychnine, would be more kindly in its action, developing its effects more slowly, drawing them out longer, than the exceedingly energetic strychnine-laden liquid? Might not other preparations free from both alkaloids have a sphere of action and usefulness? Ought investigation in such directions as this to be ended and science sleep ten years, because the present Pharmacopœia assays its preparations of *nux vomica* to one alkaloid only?

Revert now to the *hydrastis* subject. We have no hesitancy in saying that the white alkaloid hydrastine and the yellow alkaloid berberine are both harmful agents in many directions where a balanced *hydrastis* preparation without them, or nearly so, can be utilized to great advantage. Upon the contrary, a preparation of *hydrastis* carrying much berberine is surely valuable in certain directions where the white alkaloid is a disturber, while in still another direction a minimum amount of the white alkaloid, and no berberine whatever, is desirable. In these cases the Pharmacopœial fluid extract is not admissible, and the "standardizing" process of the Pharmacopœia is of no avail whatever. Thus it is that in our opinion, the word "*standardize*" should be taken *relatively*, and not restrictively, and thus it is that, as the Pharmacopœial Committee, each decade, changes, as it does, our standards, so likewise should those who investigate plants and study the qualities of preparations outside the Pharmacopœia, have the liberty of employing methods, and of investigating processes in directions the Pharmacopœial Committee either ignores, overlooks, or has not reached. To this it may be added, we believe every member of each Revision Committee, past or present, must unqualifiedly agree; none better than themselves can appreciate the limitless opportunity for investigation that lies in an intelligent search of pharmacy's outreaches.

## CONCERNING BOOKS.

H. W. FELTER, M. D.

Of special interest to the Eclectic physicians of Ohio is the recently issued "Transactions of the Ohio State Eclectic Medical Association." It contains an unusual number of well prepared papers, and is creditably edited. Fine half-tones of all the officers adorn the book.—Among those who have been foremost in the study of "The Influence of the Visual Function, Pathologic and Physiologic, Upon the Health of Patients," none have been more active than Dr. George M. Gould, who has written a volume with the above title, it being Volume III of his justly valued "Biographic Clinics" (P. Blakiston's Son & Co. Philadelphia, 1905. pp. 516. Gilt top. Illustrated. Price, \$1.00 net). The frequency with which eye-strain begets hysteria, chorea, neurasthenia, and broken-down digestive and nervous systems is just beginning to be realized by at least a fair proportion of intelligent physicians, and no series of essays can be of greater service to the physician and the public at this time than compose this book by Dr. Gould, teaching us how to prevent such abnormalities and care for such unfortunates. In this volume "Symond's Life Tragedy" and "Taine's Ill-health" comprise biographic chapters. In this connection please give special heed to the following NOTICE. Information Wanted as to the Practical Lives of the Blind.—Dr. George M. Gould, 1722 Walnut Street, Philadelphia, will be grateful for any trustworthy information as to the methods which have been devised by the blind in overcoming their disability or in gaining a livelihood. Accounts of such lives, anecdotes, references to literature, etc., will be appreciated.—The season for Visiting Lists is at hand, and it is a pleasure to recommend to the physician the admirably arranged list prepared by Dr. J. J. Taylor, editor of The Medical Council, entitled the "Physician's Pocket Account Book." This is a time and space saver, and of the utmost simplicity. Its use can be begun at any time of the year. Its best feature is that it stands every legal test. Signs are not used, and there is room for the recording of every important item. The sound business advice and suggestions are alone worth the price of this valuable visiting list, which is \$1.00. Address, 4105 Walnut Street, Philadelphia, Pa. A larger book for the desk, eight times as large as the above, is sold for those who do not carry a pocket list. The price is \$4.00.—Another of the standard lists is the time-honored "Physicians' Visiting List" of P. Blakiston's Son & Co., Philadelphia, Pa. \$1.00. Leather, with fold, gilt top, and pencil loop. In this list the sign method is used, and many valuable tables and departments for the insertion of business data are included. Methods of converting common weights and measures into the Metric System are given by Dr. Oscar Oldberg and Dr. Wilbur L. Scoville, a member of the United States Pharmacopœia Revision Committee, contributes the Dose Table giving in English and Metric systems the doses of all official and unofficial drugs, in the former instance giving the dosage according to the new U. S. P.—"Lectures on Auto-Intoxication in Disease;" or "Self-Poisoning of the Individual," by Ch. Bouchard. Translated with new chapters and a preface by Thomas Oliver, M. A., M. D., F. R. C. P. (Second Revised Edition. pp. 342. Extra cloth. Price, \$2.00 net. F. A. Davis Company, Philadelphia, Pa.) Treats upon a subject of vast importance to the doctor, and one of which he can not afford to be ignorant. Just how we are poisoned

within ourselves is fully detailed in these fascinating and instructive lectures, and the remedial measures outlined. No physician is equipped for his work without having read upon this topic, and no book handles the subject better than this one.—Of necessity has superstition tainted both theology and medicine, and this must be acknowledged by all who read the curious history of medicine. In "Superstition in Medicine," by Dr. Hugo Magnus [translated by Dr. L. Salinger] (Funk & Wagnalls Company, New York. Cloth. pp. 205. \$1.00 net.) we have a delightful series of essays giving "the history of the erroneous ideas and fanciful beliefs that have prevailed in the world with regard to sickness and its cure, from the days of ancient Rome to the present." Such studies make splendid recreation reading for physicians, and we hope this book will find a place in every doctor's library.—The number of American medical men who have taken up literary pursuits in connection with the sterner duties of a doctor's life are not few, and we are glad to note that among this number is our fellow Eclectic physician, Dr. Joseph A. Munk, of Los Angeles, California, well-known by his climatological contributions to Eclectic Medical periodicals. In "Arizona Sketches," superbly printed and beautifully illustrated, he has given us the panorama of that wonderful section of our Union, with its mysterious prehistoric structures of the Cliff-dwellers, its salubrious climate, its seven distinct life zones in a radius of twenty-five miles, its little known Meteorite Mountain, and its interesting Moquis, the "snake dancers." Descriptive word painting has never been employed to greater advantage than has been done by Dr. Munk in the chapters on Cañon Echoes, Meteorite Mountain, The Cliff Dwellers and the Moqui Indians. Aside from its literary value, the book is a valuable contribution to the geography and history of this comparatively little known portion of the United States. Every Eclectic should purchase a copy. It is gotten out in the highest style of the book-maker's art, with highly calendered paper, and its illustrations, both in point of selection and execution, are among the finest ever printed in a sketch book. It is published by the Grafton Press, New York City. Price, \$2.00 net.—If one were to take the title of Dr. William Colby Cooper's new book, "Preventive Medicine," literally he would be disappointed, for it does not treat of the prevention of disease by prophylactic drugs. This the talented author practically admits, and he explains that what we are to understand by the phrase "is that system of observances which will best prevent the necessity for the use of drugs." The work will be read, however, with great profit by the physician, who must admit that in the various essays, which, woven together, form such a valuable philosophy of medicine, he will find little to controvert. The acceptance of the first portion of the book depends upon one's views of heredity. Infancy, vaccination, the kindergarten, school life, parks, medical legislation, and the germ theory receive merited attention. Part second deals with clinical medicine, while part third is made up of illustrative cases. An appendix filled with Cooperisms, aphorisms, and epigrams complete the volume. The dignity and quality of the book would have been better sustained had some of these been omitted. Again others show a deep philosophy and poetic beauty, and are equal to the best gems of celebrated authors. This book can not fail to interest, and we think it by far the best book Dr. Cooper has written. Buy it; it will help you to think. Published by the author at Cleves, Ohio; for sale also by Scudder Brothers Company, 1009 Plum Street, Cincinnati, Ohio. Price, \$1.00, post-paid.







HENRY WOHLGEMUTH, M. D.

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## EDITORIAL.

**HENRY WOHLGEMUTH, M. D.**—Pressure of adversity and the stimulus of opposition have been among the most potent causes in the development of many of the best and strongest men in the great profession of medicine. To have outlived these obstacles early in life and to have been prominent in medical, religious, social, and civic life for nearly sixty years is a privilege vouchsafed to but few. Such has been the honorable career of the pioneer Eclectic physician of the Sangamon, who, when Eclecticism was in its infancy cast his lot in the Illinois country. Henry Wohlgemuth, man and citizen first, physician, public benefactor, friend of Abraham Lincoln, and pioneer in Eclecticism has passed from among the living, but his deeds in life and his lovable character will long be cherished in the scenes of his activity and particularly in Eclecticism.

Henry Wohlgemuth was born in Hanover, Germany, on May 22nd, 1822. He died at Springfield, Illinois, November 11th, 1905. Back of him lies a long and honorable ancestry, for though poor, his people were highly respected and left him an unpurchasable legacy in the form of an untarnished name. His parents were Frederick and Maria (Boehme) Wohlgemuth. Both were anxious for their son's advancement and approved of his determination when sixteen to select the profession of medicine. Having already acquired a good literary education in the German schools, he entered a medical college where he pursued his studies until compelled to re-

linquish them upon the death of his father. The widowed mother then sought a home in the new world, and in the summer of 1845, with her children, undertook a tempestuous voyage of two months, landing in the harbor of New Orleans. Proceeding up the Mississippi to Illinois, they arrived one cold mid-winter day at Springfield, where our subject, having acquired some proficiency in medicine, soon embarked in the practice of medicine. This was in March of 1846. Springfield then numbered but three thousand souls; thirteen doctors were already in the field, but the young man of twenty-six years, though in poor health had faith in himself and the people soon demonstrated that they had faith in him, for he succeeded from the start. A biographer a few years ago wrote, "He was not blessed with a wealth of wardrobe, but little scrip in his purse, in bad health, our language an enigma to him and his mother-tongue a fifteen puzzle to the great bulk of those to whom he had come 'with healing in his wings,' and they didn't know it, nor could he tell them, however much he wrestled with the words to help him out of the dilemma. He was indeed 'a stranger in a strange land,' and without even 'a friend at court.' But here he resolved to stay and, as has been said, he at once began to climb the ladder of success. His only capital was seven years' study, indomitable energy, industry, a fixed purpose, and determination to win. It was but a few months before he was kept busy not only in Springfield, but in the surrounding country, and be it said to his credit, that the firmest friends and most loyal patients at present (1899) are the children and grandchildren of his early patrons."

Though successful in practice, Dr. Wohlgemuth believed that there was better medication to be had than that in vogue in the Illinois country, and he decided to perfect himself in the new methods of the Eclectics just then gaining a decided foothold in American medicine. He accordingly entered the Eclectic Medical Institute at Cincinnati, Ohio, from which he graduated in 1854. Ever after he was one of the most judicious and successful advocates of Eclecticism. Returning to Springfield, he continued to rise in his profession. At the organization of the first Eclectic Medical Association of Illinois, he was an active worker and was honored by his election as its first president. In 1856 he was elected city physician and continued in that capacity until the office was combined with that of county physician, when he filled both

offices in 1861-2. Upon coming to America, Dr. Wohlgemuth became an American citizen. His worth and ability led to recognition and he was called to fill many public positions of trust. He served in the city council from 1863 to 1865; in 1866 he became a member of the Board of Education; in 1877-8 a member of the County Board of Supervisors; and in 1865-6 was a member of a board of three appointed to establish the city water works. He was one of the organizers of the Farmers' National Bank in 1882, and was for years on its Board of Directors. It was mainly through the efforts of Dr. Wohlgemuth that the beautiful Oak Ridge Cemetery of Springfield owes its existence. Here it was, that as president of the Cemetery Association, of which he has been a member since 1864, he received and superintended the burial of his friend and neighbor, Abraham Lincoln. Under his influence art has been made to supplant nature in this one of the most beautiful of the "cities of the dead."

In 1849, Dr. Wohlgemuth was united in marriage with Miss Elizabeth M. Wolgamot, of Springfield, formerly of Hagerstown, Maryland, who died January 8, 1897. For forty-seven years they traveled life's journey together. Of six children born to them, two sons, Henry J. and William C., and one daughter, Mrs. M. Mabelle Lubbe, survive. Dr. Wohlgemuth was a Mason and took the thirty-second degree in the Scottish Rite in 1893. He was deeply religious, his denominational preference being the Baptist church.

While thus active in many walks of life during all his years from twenty-six to eighty-three, he continued in the arduous duties of his profession, retiring upon his eighty-third birthday, and then only on account of ill-health. As a beloved physician he will be best remembered, and as an Eclectic his example and influence were strong factors in extending Eclectic practice into the Western States. His standing and worth in his home city is well attested by the fact that at his obsequies were fifty-four active and honorary pall-bearers, among whom were nineteen physicians representing all schools of medicine.

Dr. Wohlgemuth was large in person, being above medium height and of distinguished bearing. He had the faculty of making even a stranger to him feel that he had always known him. His life was a splendid example of what can be accomplished through earnest endeavor, unfaltering perseverance and honest purpose. His was a public spirit, a loyal citizenship, a Christian manhood.

Fifty-seven years of practice as a physician in one place, with ever-increasing confidence and love of his clientele was the crowning triumph of his useful life. His pioneer work in and devotion to her principles will cause his name to be handed down in the *Annals of Eclecticism*.

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**THE INDICATED REMEDY—BELLADONNA.**—The Solanaceæ—at least two of them—were unquestionably known to Galen, who recognized in them mydriatic powers. The chief solanaceous medicine employed by all schools of medicine is the *Atropa Belladonna*, but perhaps its use by the old school and Eclectic physicians was adopted upon observing its popularity in homeopathy. Belladonna, in gross doses, is a powerful poison, acting as a paralyzer of the nervous system. As employed in the minute dose by members of the Eclectic school, its therapeutic effect is exactly the opposite from its physiologic and toxic action, for in such doses it is a stimulant to the nervous system. The direct guide to the selection of belladonna as a specific medicine is *impairment of the capillary circulation in any part of the body, with congestion or tendency to blood stasis*. The size of the dose is of great importance in administering belladonna. Thus as pointed out by Professor Scudder, the ordinary doses of dilutions of five to ten drops to four ounces of water, meet conditions of dullness and hebetude; according to Professor Webster, similar dilutions of the 3x dilution act promptly in nervous exaltation, with great irritability and impressionableness of all the senses. In some cases the hyperæsthesia amounts to delirium and it is then often the most efficient agent to control mild and furious delirious outbreaks; others, again (and this agrees with our personal experience with it) find marked pallor of the surface, with contracted pupils the indication for minute doses of the drug. The cases, however, in which it appears to have rendered best service, are those in which the ordinary dosage as advised by Scudder, is employed to overcome dullness, hebetude, expressionless countenance, tendency to congestion, dilated pupils, and a dusky redness effaced upon pressure, the blood slowly returning. The well-authenticated specific indications are: Dull, expressionless face, with dilated or immobile pupils, dullness of intellect, drowsiness with inability to sleep well whether there be pain or not; impaired capillary circulation shown either in skin or mucous tissues: dusky deep red or bluish face and extremities, color

being effaced by drawing the finger over the parts, the blood slowly returning in the whitish streak so produced; circulation sluggish, with soft, oppressed, and compressible pulse; cold extremities; breathing slow, labored, and imperfect; hebetude; patient sleeps with eyes partially open; coma; urinal incontinence; free and large passages of limpid urine; fullness and deep aching in loins or back; spasm of the involuntary muscles. It is par excellence the remedy for congestion with dilated capillaries. In 3x dilution the indications are pallid countenance, with frequent urination; nervous excitation, with wild and furious delirium. Larger doses are mydriatic.

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#### LA GRIPPE—ITS CAUSES, SYMPTOMS, AND TYPES.—

Great pandemics have always been of peculiar interest to physicians,—and one of them, on account of its recurrence in 1889-90, and its subsequent persistence in one form or another, is now perhaps of greater interest than others. Whether, in history only the great pandemics have been noted to the exclusion of the persistence of sporadic and endemic cases, is a question yet to be solved. At any rate, we are thus given to understand that the true form of influenza visits the inhabitants of the earth only at certain periods with long lapses of time between; whereas the truth probably is that at all times it is present in some places. But such occurrence is probably overlooked, or at least not taken into account, in the study of epidemiology.

Influenza is a pandemic disease remarkable for its rapid extension and the number of people attacked. In the great visitation of 1889-90 it had spread over the whole world in a few months and infected at least forty per cent of its population. It is strongly infectious, which is equivalent to saying it is highly contagious. While, when uncomplicated, its mortality is not great, it must still be regarded an extremely dangerous affection, especially in its tendency to lay the foundation of many wrecked lives. It must be admitted that not alone to the malady must be attributed the subsequent ill-health, but to the lack of appreciation of its tendency to debilitate and consequent carelessness during the progress of the disease and convalescence from it. If every victim of the grip could be immediately put to bed and kept there until thoroughly well, its attendant train of evil consequences would be remarkably diminished.

Influenza has been largely and scientifically studied since its invasion sixteen years ago. Its natural history is much better understood than its treatment. It is well for us, even in a medical magazine, to review occasionally the status of such infectious diseases as la grippe, which is now mildly endemic in portions of this country. Let us then briefly glance at its natural history.

The disease has been known since early in the twelfth century, when, as early as 1173, it was known to prevail in Italy, Germany, and England. Its epidemic or pandemic character was recognized as early as 1510. It first occurred in this country in the New England States in 1627. Over one hundred epidemics of influenza have thus far been recorded in history. It is, as before stated, highly contagious. It spreads as fast as travel and with man. Where men are isolated, as in prisons, they have been known to escape it entirely. Prevailing winds do not retard it. It is now practically accepted that it is caused by the influenza bacillus discovered by Pfeiffer in 1892, in the tracheal mucus. This organism occurs as bacilli—extremely short, non-motile rods, which stain at each end more than in the middle, and are without capsule. They are found in great abundance, and often in pure culture, in the nasal and bronchial secretion. Cold weather favors the spread of the disease. There is no doubt that many cases are termed la grippe that are not actually true influenza. Coming on at a time when the latter is prevailing, they should be just as carefully attended. Leichtenstern, who is said to have made the best study of its etiology, divides the diseases grouped under the elastic name of la grippe into three varieties:

(1) *Influenza nostras*, catarrhal fever or pseudo-influenza, of unknown etiology,—a distinct disease bearing about the same relation to influenza that cholera nostras does to Asiatic cholera; (2) *epidemic influenza vera* caused by the influenza bacillus of Pfeiffer; (3) *endemic-epidemic influenza vera*, also caused by Pfeiffer's bacillus, and which often occurs in several successive years following a pandemic.

The types of the disease now recognized are four: *Respiratory*, *gastro-intestinal*, *nervous*, and *febrile*. Some also recognize a rheumatoid type, which we believe is distinctive enough to be retained. As a rule the diagnosis is easy, particularly during an epidemic. We have seen cases of the rheumatoid type, which, occurring at the time when a few cases of small-pox were in the vicinity,

in which the muscular aching was so intense as to cause one to waver in diagnosis until the eruption or non-eruption settled the question. The nervous form may simulate cerebro-spinal meningitis, and the febrile form a mild typhoid fever. So also with the gastro-intestinal type in which the diarrhoea and tenderness may lead us to suspect enteric lesions.

Of the variegated symptomatology of this disease, let us briefly note a few of the more diagnostic signs. Sudden onset, more or less fever, and sudden muscular and nervous prostration all out of proportion to the associate symptoms, form the chief symptomatic and diagnostic trinity of this affection. Some cases begin with a chill, if so beware of a hidden pneumonic spot; others with severe aching; others with violent headache reaching from frontal bone to occiput and being particularly distressing in the ethmoidal region; and still others with no other symptom than extreme prostration. As such cases progress these symptoms become more or less combined.

THE RESPIRATORY TYPE is the most common and is that most commonly diagnosed la grippe by the laity. A chill perhaps, a severe coryza with fits of sneezing, and more or less prostration ushers in this form. A cough follows, which is remarkable for its persistence, and is usually paroxysmal and violent. The expectoration which soon follows is usually copious, and while not regarded by most physicians as characteristic, was so looked upon by Pfeiffer, who believed the coin-like lumps of greenish-yellow sputum diagnostic. The peculiar prostration is especially noticeable after the coughing spells. Pharyngitis or laryngo-tracheitis may be present, and broncho-pneumonia patches may develop; rarely croupous pneumonia or pleurisy follow. If uncomplicated the disease runs its course in less than two weeks, but the debility following it is apt to be long drawn out. In fact, it may persist for months. Even in this form may there be severe headache and muscular pains in the chest, back, and limbs.

THE NERVOUS TYPE, when uncomplicated, is free from catarrhal symptoms, and there is but slight fever. The atrocious feature is the intense, almost unbearable pain in the head, with also pain in the back, joints, and limbs, and the characteristic depression. Delirium may accompany and suicide has been prompted and executed by the sufferer in his agony. Many pathologic changes in the brain and meninges, including abscesses, paralysis, etc., have



been known to ensue and this type has resulted in permanent melancholia and dementia. The feature most to be dreaded is the resultant damage to the nervous system.

THE GASTRO-INTESTINAL TYPE—popularly known as “abdominal grip”—is marked by a copious watery diarrhea, attended by nausea, vomiting, and severe abdominal pain. Abdominal soreness is much complained of and prostration almost amounts to collapse. The diarrhoea stubbornly resists the ordinary remedies for diarrhoea. We have known this type to persist for three or four weeks.

THE FEBRILE, OR TYPHOID TYPE, is characterized chiefly by a continued fever of some weeks' duration, which is sometimes remittent, with chills, and again intermittent. This type closely simulates typhoid fever. It is not common, but should not be overlooked in the differential diagnosis of la grippe and enteric fever.

THE RHEUMATOID TYPE is marked by severe rheumatoid pains which seemingly supplant or wholly dominate other symptoms. The joints, however, do not undergo pathologic changes.

While the first-named type is the prevailing form, the gastro-intestinal is quite prevalent in some seasons in some localities. The nervous form is more prevalent in some seasons than the others. It must not be forgotten, however, that the symptoms of any two or more of these types may be found merged in the same individual.

The great danger in this affection lies not so much from the disease itself as in the complications which may arise, and in the carelessness in the management of the case and during convalescence. The great depression of the nervous system, so marked in most cases, renders the system an easy prey to the acquisition of incurable maladies or brings them out in full force when latent in the system. It is a matter of common remark that a fatal nephritis may be invited or aggravated by an attack of la grippe and with rapidly fatal velocity. The frequency with which cardiac diseases, often before unsuspected, become a constant annoyance and menace to life, has now become a fixed fact in the history of this disorder. Whether this is due most largely to the disease or to the reckless use of the coal-tar remedies, is still a question to be determined, but with much condemnatory evidence in favor of the potency of the latter in provoking a fatal issue. Yet in view of the debilitated state of the nervous system, even this suspicion must be tempered

with charity. That pulmonary consumption finds a fertile soil in the influenza victim and runs a rapidly destructive course is one of the grave facts that daily confront us. The greatest immediate danger during the acute attack is the possible complication of lobular pneumonia, rarely lobar pneumonia. When this is of the fulminant type death is almost inevitable. Children are prone to attacks of the respiratory form of influenza, and in both adults and children relapses are common. In the old it is frequently fatal.

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**ECLECTIC TREATMENT OF LA GRIPPE.**—No matter how light the attack of influenza it should be regarded as possibly dangerous; at least serious; and the most careful hygienic and medicinal care be given. The physician should *insist* upon the patient going to bed and staying there until well. No matters of business should be attended to by the patient if it is possible to avoid them, and no visitors should be allowed to molest and tire the sick one. Indeed, mild cases may need little but restraint, rest in bed alone proving the best treatment. When we consider the important phenomena of this affection—chiefly catarrhal inflammation, contagiousness, pain, and great prostration, our duty is clear. In the first place, if possible, the patient should be isolated, and particularly should old people be protected as far as possible from contagion. All cloths upon which are received the nasal and bronchial discharges should either be disinfected or burned, preferably the latter. The right temperature of the sick chamber and proper ventilation should be maintained, and if practicable, the air should be rendered moist by steam impregnated with antiseptic oils. The treatment of all cases should be supportive, therefore a liberal allowance of light nutritious food should be allowed at least every three hours, but care should be had that no more is given than can be properly digested. Milk, broths (oyster, clam, chicken, beef, or mutton), eggs (raw or soft boiled), gruels, stewed fruits, oranges, lemonade (with or without albumen), rice, and fresh vegetables, especially lettuce, tomatoes, spinach, and celery, are among the foods that may be given. If the patient is used to tea or coffee they may be allowed in moderation. The same may be said of stimulants, but as a rule stimulants are not needed and are best avoided. Lemonade, water, and the carbonated waters, as Vichy, Apollinaris, club soda, etc., may be allowed freely, and they greatly assist in

restoring free renal secretions. Judicious exceptions to the foregoing should be made in cases of gastro-intestinal grip.

The Scriptural injunction, "Thou shalt not kill," should be on the physician's mind all through the medicinal treatment of la grippe. Over-medication is conceded by writers of all schools of medicine to have worked as much mischief in many cases as the disease itself.

At the outset a good start may be made in many cases where the attack is abrupt and there is much pain by giving the patient a warm bath and placing him in a bed previously well warmed and administering hot ginger-tea, hot lemonade, or similar hot infusions. Years ago a "boneset sweat" or plenty of "composition tea" would have been the first measure, and we believe either would not be bad treatment to-day. The spirit vapor bath may be substituted for the hot bath, all depending upon the subsequent care of the sweating patient. The bowels should be kept open, but diarrhœa should not be produced. Keep the bowels soluble as our teachers in medicine taught us a few years ago.

The remedies for influenza are few and direct. The coal-tar products should not be used if other remedies will act efficiently, even though the latter often produce effects more slowly. Both the coal-tar group and the abuse of quinine have been followed by unpleasant complications, those from the latter often being persistent.

When the attack comes on abruptly with a considerable degree of fever, full bounding pulse, and intense aching, we know of no better remedies than specific veratrum and specific macrotys. If properly used there is no danger of heart depression from the veratrum.  $\mathcal{R}$  Specific veratrum, gtt. x to xv; specific macrotys, gtt. xxx to 5j; water q. s.,  $\mathfrak{z}$ iv. Mix. Sig. One teaspoonful every hour. If the pulse be small, wiry, feeble, and excessively quick, or if chills chase up and down the back, specific aconite, gtt. iij to v, should replace the veratrum. The patient with marked restlessness, flushed face, bright eyes, and every evidence of excited cerebral circulation, should be given specific gelsemium with, or in place of the aconite or veratrum. These remedies will often strike at the whole train of symptoms. Fractional doses of specific bryonia will do much to allay headache, particularly that form centered in the frontal region, deep in the orbit and in the ethmo-nasal structures. Soreness of the eyeballs, aggravated by moving the eyes, pain and discomfort upon movement, and a lethargic, tired feeling, every ef-

fort adding to the patient's burden of woe, are best met by bryonia, which is also the most generally indicated cough remedy and may well supplant nauseous mixtures and syrups frequently so employed. No remedy is better calculated to ward off a threatened pleurisy, pneumonia, or bronchitis, and to relieve them when established. The sharp lancinating pain is the direct indication here. If we wish to hasten perspiration in sthenic cases, specific jaborandi in 5-drop doses in hot water will answer well. In aching sensations not yielding to macrotys, specific eupatorium may be used. Too large doses may cause emesis. Then there is the excessively nervous case, where the patient starts or jumps at the least noise, the headache is unilateral, the tongue long and pointed, and the papillæ prominent. Specific rhus added to the sedative mixture is usually efficient. Some cases exhibit a bruised sensation all over, or in portions of the body, and depression is specially marked. These are cases for specific arnica in fractional doses. A foul, white-coated tongue may be cleaned by administering sodium sulphite. When the pulse is open, the tongue fairly clean and moist, the diaphoretic powder is an admirable agent to control pain, allay irritability, restore cutaneous secretions, and promote sleep. Dover's powder is preferred by some, but we prefer the former. For the intense headache, as a last resort, phenacetin or acetanilid may be very guardedly used in small doses, fortified with the diaphoretic powder. They should only be used after other measures fail. For lack of rest and sleep two remedies fulfill a good purpose, diaphoretic powder and specific hyoscyamus. We are sometimes obliged to resort to trional or sulphonal, but chloral should be avoided if possible. In the gastro-intestinal form the diarrhœa is the most persistent feature. For this and the pain our best results have come from the use of equal parts of diaphoretic powder and bismuth subnitrate in capsules—5 grains being given every three to five hours. In long continued diarrhœa, in which this combination relieves the pain only, a few grains of tannic acid in water has been efficient in controlling the discharge. For simple nausea, without much diarrhœa, specific ipecac has been efficient. Specific lobelia and the acetous emetic tincture have been serviceable in controlling cough, and where expectoration is heavy and yellow the 2x trituration of sulphur has excelled all other remedies in our hands. The best local application in the respiratory form is the compound emetic powder on a larded cloth; excellent effects have followed a similar

use of libradol. Old people may need judicious stimulation, brandy in moderate quantity being preferred, or nux vomica or strychnine as indicated. Quinine is useful in this disease when the tongue is moist, patient not very nervous, skin in good condition, and there is *periodicity*. If used when contraindicated it adds to the nervous aggravations. When quinine is indicated a good agent to use during convalescence is the "compound tonic mixture" in one-half teaspoonful doses every four hours; some cases, depending upon indications, do better on the following:  $\mathcal{R}$  Acid solution of iron, 3j; essence of orange, 3j; syrup,  $\mathfrak{z}$ iv. Mix. Sig. One teaspoonful every four hours. The patient should be guarded during convalescence lest indiscretions and going about too early sow the seeds of future and more disastrous diseases.

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**DEATH OF DR. M. H. LOGAN.**—Dr. Milburn Hill Logan, one of the best known Eclectic physicians on the Pacific Slope, and a chemist of note, died in San Francisco, California, on Christmas Day, 1905. Dr. Logan was born at Ashley, Illinois, August 5, 1855, the son of James Ignatius and Unity Jane (Livesay) Logan. He went to California during his boyhood and subsequently attended the California Medical College (Eclectic) from which he graduated in medicine in 1881. He next attended the University of California, and graduated in 1889, a Ph. G. From the date of graduation as a physician he practiced his chosen profession in San Francisco, where he had a large and fashionable clientele. In 1883 he was united in marriage with Carlita Augusta Rosekrans, of San Francisco, who died in 1890. Dr. Logan served acceptably as Professor of Chemistry and Toxicology in the California Medical College, and was the author of a work entitled "Organic Chemistry," in which branch of science he was unusually proficient. He was regarded one of the best chemists on the Pacific Coast. The last few years of Dr. Logan's life were shrouded in darkness, sorrow having dethroned his reason. He is survived by one son, Horace Virgil Logan. Dr. Logan was a member of the California State and National Eclectic Medical Associations, a collaborator of the *California Medical Journal*, a Knight Templar, and a prominent Mason. His funeral services were conducted by the Masonic body to which he belonged.

**SPIROCHÆTÆ PALLIDA AND SYPHILIS.**—The lower bacteria are divided into *micrococci*, spherical forms; *bacilli*, rod shaped bodies; and *spirilla*, twisted cork-screw-like forms, either making a long spiral, or parts of a spiral (as in comma forms). The last, or spirilla group, presents considerable variety in shape. When occurring in long, wavy forms with windings after the manner of the turns of the cork-screw, they are called the *Spirochætæ*. Just at present one form of this organism has suddenly loomed up as the possible cause of syphilis, though it has by no means as yet been proven an etiologic factor. Its presence in syphilitic lesions, however, has been quite conclusively demonstrated. This organism, the *Spirochætæ pallida*, was first observed in syphilitic tissues by Schaudinn and Hoffmann in 1905. It is found on the surface and in the deeper tissues of chancres, papules, and indolent buboes. It is an actively motile, extremely thin spiral, of a length greater than that of a red blood corpuscle, and shows a variable number (6 to 14) of sharp turns, and in good specimens an almost immeasurable flagellum. Its length ranges from 4 to 14 microns (a micron [ $\mu$ ] equals about 1-25,000 inch) and  $\frac{1}{4}$  micron thick. Owing to the great difficulty heretofore experienced in staining it, observers have been comparatively few since its discovery. Goldhorn (see *The Post Graduate*, February, 1906, p. 155) has devised a method by which the staining is rendered simple, so that it is now likely that many who could ill-afford to pursue the former time-robbing methods will be able to make diagnostic investigations in syphilis in searching for the spirochætæ. Of interest also is the fact that chimpanzees and certain monkeys which have been inoculated with syphilitic material show the presence of *Spirochætæ pallida*.

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**HONOR TO WHOM HONOR IS DUE.**—In the January issue of the GLEANER we published an excellent article on "THE SYMPTOMS OF LOBAR PNEUMONIA IN THE AGED," and innocently attributed the authorship to Dr. J. P. Martin, of Denver, Colorado. We find, however, that the author of that paper is Professor N. A. Graves, of Chicago, and his original article may be found in the Transactions of the National Eclectic Medical Association, 1903-4, pages 128-131. This article was gleaned by us from the August, 1905, number of the *California Medical Journal*, in which it appeared

with the name of Dr. Martin as the author. Learning that Dr. Graves was the real author, we were inclined to believe that an editorial, or perhaps printer's error, had assigned the wrong authorship; but upon comparing the gleaned article with the original and its double, we discovered (barring a few minor changes in phraseology, for which we were accountable) an absolute reproduction, *verbatim et literatim*, of Dr. Graves' paper, save only the following condemnatory alteration: Where Dr. Graves writes, "I well remember a case in which the attending physician found no increased temperature per mouth, but when the thermometer was used in the rectum it registered 103 degrees Far.;" the same lines in the article attributed to Dr. Martin read: "A case came to my hands for treatment in which I could not find any increase of fever in the mouth, but when the thermometer was used in the rectum it registered 103° F." That portion of Dr. Graves' original paper referring to pneumonia in and about Chicago was not reprinted. Is it possible for two men to think and write so exactly alike? Comment is unnecessary.

As another instance of either mistake or wilful appropriation, let us ask the reader to compare article "On the Individual and the Vital Processes," in *Chicago Medical Times* for January, 1906, with article in same journal for November, 1904, entitled "Heredity: Life's Process in Procreation." Evidently the writer did not realize the full force of the last line of his contribution, "And each leaves his image as he flies."

These are not the only instances to which we could refer. But it is sufficient to record our protest against such a dishonorable practice. The GLEANER does not care nor propose, to entertain any personalities, but it owes it as a duty to Eclecticism to protect her honor, and to shield contributors to her literature.

In further justice to Professor Graves, we would call attention to the following errors in our reproduction, which detract from the truthfulness of the article. The word "*typical*" in the 3rd line, p. 33, should read *atypical*; in 2nd line from bottom of p. 33, in *severe* cases it is *soft* and easily compressed," should read, "*in some cases* it is *weak* and easily compressed; on p. 34, 13th line, "*now*" should read "*not*;" on 2nd line of last paragraph on p. 34, "*lung*" should read "*bony*."

# SELECTED ARTICLES.

## TWENTY REMEDIES.

JOHN WILLIAM FYFE, M. D., SAUGATUOK, CONN.

IN reply to a letter from Dr. J. A. Burnett, of Pauline, Ark., I stated that if limited to twenty remedies my selection would probably be as follows: Aconite, bromide of ammonium, apomorphine, apis, belladonna, boracic acid, bryonia, cactus, chloroform, ergot, gelsemium, ipecac, phytolacca, pulsatilla, opium, quinine, rhus toxicodendron, santonin, sodium bicarbonate, and veratrum viride.

I should not like to be limited to twenty remedies, but undoubtedly one could do an extensive and successful practice with the above named drugs. A few of their indications are appended.

*Aconite.*—In all forms of disease, when the pulse is small and frequent, aconite lessens vascular excitement and the rapidity of the circulation, promotes secretion from the skin and reduces the temperature. It moderates the force and frequency of the heart's action—increasing the power of the heart and the tone of the blood vessels. It has also a decided action on the excretory organs, and its control over the excessive action of the skin, bowels, and kidneys makes it a valuable agent in many wrongs of life. Remembering this much of the medicament, it will be readily understood why indications for its exhibitions are almost daily seen.

*Ammonium, Bromide of.*—This is a useful remedy in many cases of epilepsy, and in convulsions of children it is frequently needed. It is also an efficient agent when there are involuntary movements of muscles, or a tendency to loss of consciousness, and in whooping cough and occipital headaches it exerts a modifying influence.

*Apomorphine.*—This is a certain and speedy emetic, causing vomiting in from five to twenty minutes, and without nausea or any general symptoms.

*Apis.*—This is a most excellent remedy in many diseases of the skin, and also in diseases of the bladder and urethra. In diseases exhibiting a tendency to dropsy, or when there is blanched puffiness and severe pain, it is esteemed very highly.



*Belladonna*.—This remedy is of great usefulness in all forms of congestion, and is indicated in scarlet fever and many other diseases.

*Boracic Acid* is a non-irritating antiseptic which can be employed in almost every wrong of life requiring external or internal antiseptic treatment of a mild and soothing character.

*Bryonia* in small doses is one of the most valuable remedies in our materia medica. In pneumonia, bronchitis, pleuritis, rheumatism, and all diseases of the serous membranes, it constitutes an efficient medicament.

*Cactus* is a superior remedy in diseases of the heart, whether functional or organic. It gives speedy relief, and when continued for a reasonable length of time effects a cure in many cases.

*Chloroform* is used by inhalation under a variety of circumstances to produce loss of consciousness, general relaxation and loss of sensibility. In obstetrical practice it is often needed, and in irritative coughs it is an efficient remedy.

*Ergot*, under suitable circumstances, is a valuable parturient, and in many forms of hemorrhage, especially when the tissues are full and inelastic, it is a remedy of decided power.

*Gelsemium* is an indicated remedy in all fevers when there is irritation of the nerve centers. It prevents determination of blood to the head and spinal cord, and checks spasmodic action.

*Ipecac* is one of our most useful drugs. Acute bronchitis, pneumonia, diarrhea, dysentery, and cholera infantum are among the abnormal conditions likely to call for its exhibition.

*Opium* is much used for pain, sleeplessness in exhausted conditions of the brain, muttering delirium, etc.; but it should be used only when the skin is soft and cool, the pulse full and free from hardness, and the mucous membranes moist.

*Phytolacca* is a remedy of marked therapeutic power. All diseases of the glandular organs, periosteal, fibrous, and cutaneous tissues come within the range of its curative influence.

*Pulsatilla* is an efficient agent in irritation of the nervous system, and in the treatment of the abnormal conditions peculiar to females it occupies a place which can not be filled by any other drug.

*Quinine* is indicated in all diseases in which periodicity is a marked feature, when the tongue is clean or cleaning, the pulse soft, the skin not dry, and the nervous system free from severe irritation.

*Rhus* is especially indicated when there is nervous excitement which causes the patient to start up in a frightened manner from sleep, and in all conditions characterized by burning sensations it affords prompt relief.

*Santonin* is a very efficient remedy for intestinal worms, and in retention of urine, especially in the advanced stages of acute diseases of children, it is a remedy which can be employed with confidence.

*Sodium Bicarbonate* is useful in all cases presenting a broad and pallid tongue with a whitish coating on it.

*Veratrum* is indicated whenever the pulse is full and frequent. In puerperal convulsions it has been employed with a wonderful degree of success. In this condition ten drops of the specific medicine, hypodermically administered, will constitute an efficient initial dose. In some cases it may be necessary to repeat this large dose, but five drops, repeated as the severity of the case requires, will usually control the convulsions after a single dose of ten drops has been employed, and keep the pulse down to sixty per minute. A single dose of ten drops is more effective than several doses of five drops each.

Indications, with doses, for the foregoing remedies are fully given in Fyfe's Modern Materia Medica.—*The Eclectic Review*.

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## REFILLING PRESCRIPTIONS.

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To discuss this question involves the ownership of the prescription, a subject recently treated very extensively in the pharmaceutical journals. The opinions expressed were at such variance as to preclude all possibility of reaching any definite conclusions, each of the three parties directly interested being advocated as the rightful owner of the prescription. The fact that the physician is the author of the prescription should establish the ownership, but quite a number of reasons testify to the same fact; the physician, being the source of the prescription, emanating as it does from his mind, trained by years of study and experience, and it being absolutely necessary to the success of his practice that he is able to control and direct its administration. The prescription is an instrument in his hands to treat disease. The fact that the patient

pays the physician a fee does not imply that he comes into ownership of the prescription, because as long as he keeps the prescription in his possession it can not be of any use to him, but so far as he is concerned it represents an order to the druggist to prepare the treatment desired by the physician, and he has no more right of ownership than he would have to the instruments with which the physician performs an operation, removes a tumor, or amputates a limb. He simply pays for the treatment and the result of the treatment. He pays the physician to cure him and has no further right to extend to his friends and acquaintances in having the prescription refilled, after diagnosing their diseases, and he has no right to have the prescription refilled while under the treatment of his physician, unless ordered to do so by the physician, because the physician as a scientific man may wish to give a definite amount of a certain drug to produce a certain effect, when a continued use of the prescription would defeat his purpose and cause confusion in his treatment. And he has no right in a subsequent illness to again refer to this prescription, as the physician may have prescribed for symptoms that he did not mention and of which the patient knew nothing.

The druggist can have no proprietary right to the prescription, as it is merely through courtesy that he is permitted to prepare the medicine, which he has gained for himself with the confidence reposed in him by the physician and the public—a confidence well merited if he has qualified himself for his duties, which require as much intelligence and application as that necessary in therapeutics.

Then who has the right to have the prescription refilled? The physician being the author of it, and intending it for a specific purpose, is naturally the one to control the refilling of the prescription, and it is not to his interest to do so, because it encourages a bad practice and can serve no good purpose to any one. In a case where the physician desires to continue the same treatment, he can easily refer to the prescription (if he has not recorded it in his case-book) by telephoning the druggist. So when we consider the high standard of the scientific physician and pharmacist of to-day and that diagnosing, prescribing, and compounding are based on strictly scientific principles, we must conclude that when the prescription has once been dispensed that it has served the purpose for which it was intended and should be filed exclusively for the physician's reference.—*Modern Eclecticism.*

## "OXYGEN."

## ITS INFLUENCE ON THE ACIDITY OF THE SECRETIONS.

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OF the chemical elements which combine in different proportion to form the basis of the animal body, oxygen and carbon make up about 85 per cent, and in order to keep up this proportion, an alternate oxidation of hemoglobin and deoxidation of oxyhemoglobin is constantly going on within the red corpuscles by the respiratory function and disorders connected with the red corpuscles or the respiratory element whether in amount, composition, or circulation, directly affects the oxidation processes.

The blood therefore is a constantly regenerated fluid, through which diseased local conditions in different parts of the body are presented. It is the center of all diseases of mankind, but it is an almost impossible task to specify the disorders of the blood itself, so far as the diseases are concerned, concentrated in the blood.

We must consider the blood, therefore, as the body in transitory solution, and the medium through which poisonous substances are conveyed into the tissues, and thus the blood may be poisoned itself from without. It is the means of conveying poisonous products out of the body and of presenting them for oxidation and combustion and in this manner the blood may be poisoned from within.

Life is dependent upon a constant succession of oxidation processes and as health varies with the amount of oxygen inhaled, a condition facilitating combustion is of importance. Oxidation of organic substances in the economy as in the laboratory occurs best in the alkaline media, and this condition is constantly maintained in the blood, by the excretion of excess of alkaline matter by the salivary, biliary, and pancreatic glands.

Besides favoring oxidation, the alkalinity aids in maintaining the albuminoids in a soluble condition and increases the power of absorption for gases of the blood serum. Attempts to render blood of pigeon's acid by the administration of foods, yielding acid oxidation products, induced toxæmia before acidity.

An erroneous expression seems to be imparted by the information that the blood is too acid, frequently told patients with rheumatic diathesis; a greatly diminished alkalinity seems a more appropriate and certainly better professional expression. Excess of

acids is maintained by the gastric follicles and when the stomach pours out its acid secretion, the glandular secretion becomes unusually alkaline. Just before the meal hour, the urine reaches its maximum acidity, when the blood is least alkaline, but shortly after the absorption of organic salts consumed with the food, its alkalinity steadily increases until finally, particularly after the consumption of the soda raised foods, the urine becomes neutral or even distinctly alkaline, from the excretion of the excess of alkaline materials, and when the organic salts have been converted into bicarbonates and the excess has been excreted through the urine, it begins again to resume its normally acid reaction, mainly from the oxidation products of the nitrogenous tissues.

The kidneys, therefore, assisted by the lungs and skin, serve as the chief exits for the excess of alkalies or acids from the blood.

The amount of acids formed will be increased by interference with the assimilation of oxygen, because complete oxidation can not well occur and the intermediate acid products will result; while excess of oxidizable matter with normal oxygen supply will cause increased products.

This is the condition occurring in gouty patients, who, leading usually a very sedentary life, consume large quantities of rich animal and vegetable food, or again, in febrile processes, when the body tissues having seemingly lost their power of resistance, fall a prey to the insatiable oxygen.

Interference with elimination will cause an accumulation in the system of acid products, which may diminish the alkalinity of the blood to an extent sufficient to cause death, and therefore in all diseases interfering with the free ingress of normal oxygen, the usefulness of supplying air, with oxygen in excess, becomes of the greatest therapeutic value.

In cases where serious interference with elimination existed, uric acid has been found in the nasal, pharyngeal, gastric, vaginal, and cutaneous secretions; it has also been found in menstrual blood and saliva, and in all forms of uremia.

This demonstrates fully that when alkalinity of the blood has been reduced to a minimum even the alkaline secretions by a sort of vicarious action eliminate some of the acid products, and this continuing for some time will induce catarrhal inflammation. Thus a bronchial, intestinal, or genito-urinary catarrh is not infrequently caused.

When the skin eliminates excess of acids from the blood, not infrequently an urticaria, herpes, or eczema arises, subsiding as soon as the normal alkalinity of the blood is reached.

Excessive formation and defective elimination of acid go, therefore, hand in hand, with an imperfectly performed oxidation, and by these means constitutional, local, and hereditary diseases are formed, interfering as has been stated with the function of the lungs, the skin, and kidneys.

If the oxidation of tissues and food were perfectly performed, the products of the combustion would be carbonic acid, water, and urea, but owing to imperfectly performed oxidation, when an insufficient quantity of oxygen is introduced or when an increase of material is to be acted upon by the oxygen, it is then that the supply of oxygen becomes often insufficient for complete combustion and a production of excessive acidity is the result.

The existing condition being known, the indications for treatment and even the remedies for its prevention are evident.

If the faulty condition is owing to defective oxidation, we have to supply means for its immediate improvement.

If the patient has sedentary habits and is a great feeder, increased exercise, simple foods in moderate quantities, and the lemon treatment should be recommended, or if it is preferred, by the employment of the neutral salts, potassium, sodium, and lithium, with the easily oxidizable organic acids such as acetic, citric, or tartaric acids, preferable to the bicarbonates, because not neutralizing the gastric acids; they do not impair digestion, and being soon converted into bicarbonates by oxidation, will neutralize any acids present in the economy.

Lemon juice containing potassium and calcium citrates and being added in large excess to small quantities of sodium bicarbonate converts the latter into citrate, makes a pleasant drink, and being absorbed, increases the alkalinity of the blood like the organic salts and is an admirable remedy for a transitory derangement, as well as a help in chronic ailments.

Acute derangements, however, often regulate themselves without remedies, through the wisdom of a mixed diet and atmospheric changes, permitting and stimulating patients to take out-door exercise in excess of habits.

Muscular power is directly proportioned to the activity of the respiration and when muscular tissue begins to weaken or is prone

to fatty degeneration, the greatest need for a free supply of oxygen is indicated.

Again, a greatly diminished alkalinity and muscular debility go hand in hand.

A remedy is needed which will increase alkalinity and promote oxidation to overcome the constitutional defect and this remedy we find in the ferruginous tonics as the most efficacious means.

Iron carries oxygen in every fiber and when supplied promptly removes irritation and increases strength.

We see this clearly illustrated in respiratory defects, such as chronic bronchitis and especially in bronchorrhea of the aged, who have enfeebled hearts.

Although we can only relieve the symptoms, we may be certain of prolonging life a considerable length of time by employing chloride of iron with an excess of hydrochloric acid.

The pathological anatomy of chronic bronchitis indicates clearly that iron is a factor in its treatment. We find usually considerable discoloration of the lining mucous membrane of the bronchi, either brownish and generally diffused, especially if the case has been complicated by cardiac disorder, or else in scattered, red points which increase to patches about the bifurcation of each bronchus.

The hypertrophy of the mucous membrane itself is of greater significance than the vascular signs, the muscles being frequently found in a state of fatty degeneration, like all hypertrophied unstriped muscular fiber.

The fetid secretion of bronchorrhea is undoubtedly caused by some special putrefactive ferment in the bronchial wall and here oxygen acts as an antiseptic remedy.

Again, the first indication in the treatment of any chronic discharge from mucous membranes is to disinfect it, because by so doing we remove the cause of the inveteracy of the complaint, viz.: Local irritation of the membrane by its own perverted secretion.

There can be no doubt that the sooner mucus is removed the sooner will an inflamed membrane recover, which we see well illustrated by washing the bladder in cystitis, which is a mode of disinfection illustrating the same general principle as the use of oxygen in the larynx and bronchia.

In the alimentary canal, the natural gastro-intestinal secretions are strongly antiseptic and therefore the presence of catarrh is evidence of absence of those preservative as well as digestive juices.

The best remedy for catarrh of that mucous membrane, therefore, is the restoration of those secretions which instead of mucus should only be an aqueous, slightly saline fluid, with but a trace of mucus to diffuse it equally over the surface.

Oxygen is a great aid when patients are battling for life, by assisting the breathing and strengthening the heart by supplying it in sufficient quantity by inhalation; it remedies the impediment to the full exercise of the lungs and insufficiency of air supply, caused by asthma, croup, diphtheria, and pneumonia; it tends to compensate by the higher oxygenation of the air, dyspnea may be greatly abated thereby or for the time wholly abrogated, while relief may persist for longer or shorter time after discontinuance of the inhalation, giving nature rest and time to recuperate.

Oxygen when used by inhalation or when supplied by iron is in every case of heart disease and of chronic bronchitis, prophylactic against dilatation or muscle failure, with the result of greatly diminishing the expectoration, and will enable patients to sleep more continuously at night.

When used in the form of pure gas or mingled with atmospheric air or nitrous oxide gas, oxygen is distinctly irritant when continuously inhaled, and should therefore be given at certain intervals.

With inhalation too short to excite local mischief, the lungs crowded with oxygen crowds also the blood with it, and during its application granulating tissue has been observed to grow quickly ruddier in hue, expired carbon dioxide to double in amount and excreted uric acid to lessen in quantity by undergoing oxidation within the system.

The gas is pleasantly respirable; from four to eight gallons can be inhaled with little other obvious effect than a feeling of general warmth and nervous exhilaration, with occasionally giddiness and quickening of the pulse rate.

From the foregoing we may form an idea of the usefulness of oxygen inhalation in many acute and sub-acute diseases, but before leaving the subject to your consideration, let me state that what is so freely supplied for our good, is not sufficiently appreciated, viz.: the open air.

The air is bland, because the oxygen which it contains is the natural disinfectant for the respiratory passage.

Open air is the remedy for toning up weakened muscles,



whether bronchial or of the heart, and in the favorable season its oxygen is the best or only curative means. More exercise, better ventilation; in fact, the best curative remedy for a chronic case of bronchitis is a place where patients can spend two or more years in continuous outdoor life, preferable in a tent and sleeping in a hammock, because all catarrhal conditions will cease when the air tubes have become thoroughly disinfected. A location where it is comfortable to remain outdoors without exposure to chills should be selected.

Oxygen is also of great value for the vivifying of tissue disposed to ulceration or gangrene, especially in broken down, poorly nourished patients.

The use of alcohol as a stimulant I will not enlarge upon, but will merely state that when giving this remedy we should be sure that it will meet an alkali media, in which it is promptly oxidized.

Having consulted articles written by Messrs. Wm. H. Thompson, Edwin Curtis, Lewis McArthur, and T. Lauder Brunton, I give these authors credit for their observations utilized in this paper.—*The Eclectic Review*.

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## JAPANESE STUDENTS.

TRANSLATED FROM THE FRENCH BY T. C. MINOR, M. D.,  
CINCINNATI, OHIO.

Dr. Delemanche, having asked the University of Paris for its impressions of Japanese students, has received from Dr. Revou, who was for many years a professor at Tokio, a lengthy letter, from which we abstract some interesting observations. As will be noted, Japanese students present some altogether remarkable characteristics, that we, putting our national vanity aside, might profit from.

"I shall commence," observes Dr. Revou, "by remarking that a characteristic trait of Japanese students is, they are students who really study. This is tradition among them. More than one of these young men follow the ancient example of the Chinese student who, too poor to buy oil, worked by the light of glow-worms. I myself saw, not ten years ago, in an interior village in Japan, a student working by means of a cage of glow-worms suspended over his table, and serving as a lamp. To-day you will see many students in country villages studying at night, their only light being

poor little lamps held in their hands close to the leaves of their books. This eagerness to learn and this intense willingness to study is another curious characteristic of the youth of Japan. It is impossible to imagine more attentive classes than those in Japanese schools. All hang breathless on the lips of the teachers, noting each phrase attentively, jotting down the lecture with feverish pencils and never missing a word of the lecture from beginning to end; and when a lecture is finished, the best students always crowd around the professor, asking him to clear up any point they have not perfectly comprehended, after which the least proficient students form a circle around the teacher, and in their turn ask for more information.

"For my part, after seven years of teaching at Tokio, I was always in fear that my pupils would overwork themselves. I sought in vain to persuade several to cease studying so hard. One of them died and a number went crazy. On the burial of one of these students, a comrade advanced to the grave and simply pronounced this eulogy on the deceased: *'Thou art dead for the sacred love of science. Let us not fail to imitate thy noble example.'*

"One of these students, after an unmerited rebuke from his teacher, came to the school and said farewell to his professors, dressed in a robe of immaculate white. He then announced his intention of committing *harikari*, or Japanese suicide. The professors thereupon met, and finding him determined, gave him a diploma of honor.

"All of this goes to evidence the fact that the Japanese makes a model student. He has a tenacity of purpose and a heroic determination to learn, even if he goes to the point of insanity.

"Neither the exercise parks of the schools and universities nor the regattas and public games, in the festival times when the cherry blossoms bloom, or at the season of the chrysanthemum, hold in check this intense ardor for study. It is a frightful sight, this crowd of overworked Japanese students in spectacles, old before their time and predestined to consumption. Long before they enter the University they accomplish hard courses of studies in the Lyceum, where they learn their *'humanities,'* like the Chinese students. After this they go to high schools, that alone give access to Faculties. Here they spend four years, studying several European languages, and in addition the principles of the particular science they intend to follow in after life. Students in Japan are, as a rule, much

older than in Europe. Many of them marry and have families, and finally, when they are licensed, they only obtain their *doctorate* after six years more of study in the highest branch of the University. Compare this mighty effort of thirteen or fourteen years with the five or six years of the French *doctorat*! The Japanese student is not a scattering scholar; he is a deep thinker, and ponders at length over all the complexities of the most abstruse program. In the Lyceum the pupils always rebel again a poor instructor, or a teacher who is manifestly unjust. In such cases the whole class retires, and will not return until the teacher is removed, or some satisfaction obtained. If shown they are in the wrong, the pupils acquiesce in admitting their error.

"At the University, however, such difficulty is rare. The three thousand students at Tokio are devoted to their professors. There is nothing more touching than their affection for their masters. From infancy they are taught that antique maxim, 'Thy father and thy mother are heaven and earth; thy lord is like the moon; *thy professor is the sun over all.*' The positive source of this poetic sentence they find concentrated in a proverb of only three words, all in honor of their old feudal society, '*Oudji yori sodatchi,*' or translated, '*Education far surpasses birth.*'

"The professors in Japan respond to these marks of respect by a no less refined politeness, and on all occasions treat pupils with the greatest courtesy. Their doors are ever open; their own families are barred out of their study rooms. The students are invited to many social reunions at the professors' houses. They all collect in the afternoons and visit the botanic gardens and museums of the University. They take long walks together. When evening comes, they all rest themselves at the University table. You will here see a Minister of Public Instruction, or a rector, to whom a student has offered a cup of rice on bended knee, rise in his turn and bow down before some bright young student with a charm of simplicity, offering the same curious tribute of love and respect. Again, the students join together and offer their most popular professors grand banquets, and showering many most delicate attentions on them. At the first students' banquet to which I was ever invited, I was astonished to hear the band play the *Marseillaise*, while a chorus of a hundred Japanese students sang the French national anthem as well as if they had learned it in Paris. When a Japanese professor starts for Europe, the railroad station is in-

vaded by hosts of students, who shower flowers on the outgoing train, and indulge in great cheering. When a beloved professor comes to die, the whole student class is in a state of most profound desolation, and every man of them goes down in his own pocket, and all together they raise enough money, unto their last cent, to put up a handsome monument to the deceased teacher."—*Eclectic Medical Journal*.

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## THE AFTER-TREATMENT OF POST-PARTUM HEMORRHAGE.

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of the City of New York.

In an article published in the April number of the *Review* on post-partum hemorrhage, I called special attention of the profession to "uterine compression" as being the easiest, quickest, and most effective method hitherto made known for controlling this hemorrhage. I now desire to carry this subject a step further by giving the after-treatment of post-partum hemorrhage, or what would properly be called an acute anemia.

After controlling a severe post-partum hemorrhage the danger is by no means past, for now we have to deal with a depleted circulation, which, if mismanaged, is liable to end in heart clot or heart failure.

The ordinary symptoms of a great loss of blood are of course present in such cases. The thread-like, rapid, feeble pulse, sometimes so faint as to be scarcely felt at the wrist, cold extremities, tendency to fainting, and convulsions due to the acute anemia of the brain are liable to occur.

To prevent such complications the pillow should be removed or the foot of the bed raised to help the gravitation of the blood to the medulla. Never should the patient be raised after the loss of a great amount of blood, until 24 hours have elapsed (or until reaction has taken place), for heart clot or failure is liable to occur.

To help along the weakened heart a hypodermic of brandy or whiskey, a drachm of either, or  $\frac{1}{2}$  drachm of ether, which is a powerful heart stimulant, may be administered. Other heart stimulants which will be found useful and may be used in place of those mentioned, are a hypodermic of strychnine, 1-30 grain, or nitro-

glycerine, 1-100 grain. To relieve the head symptoms, which are very annoying, nothing answers as well as a hypodermic of morphine sulphate  $\frac{1}{2}$  grain.

The acute symptoms which we must relieve quickly, are due to the withdrawing of a large amount of fluid from the circulation. Hence it is the quantity and not the quality of the blood that must be made good, and this can be restored in a very short time by the use of enemas of normal salt solution.

It is not many years ago that the transfusion of blood was thought necessary in such cases. This was either given by the direct method (from arm to arm), or else by the indirect method, in which case the fresh blood from an animal was usually used, after whipping same with twigs to remove the fibrin. The transfusion of blood was frequently found impossible; at times no one was willing to part with their blood, or it was impossible to get fresh blood from an animal; at other times a transfusion apparatus was not at hand. At the suggestion of Professor T. G. Thomas, warm milk was transfused into the vein of persons losing a large amount of blood, and this was found to simplify matters greatly. It was found to act as well as blood, but even this had its drawback, especially in cities where fresh milk is not always obtainable. As the transfusion of milk was not always practicable, experiments were made with a normal salt solution by the transfusion method, and this proved equally as good as blood or milk. The rapidity with which a normal salt solution is absorbed from the tissues of the body, suggested the trial of injecting it into the cellular tissues of the back (instead of transfusing), and results obtained were so gratifying that the transfusion method was abandoned, and inter-cellular injections took its place.

Within the past few years even the inter-cellular method has been little used, for it is now known that a saline solution is promptly absorbed from a mucous surface, and if given by the rectum every indication is fulfilled; this has now become the method for quickly restoring the quantity of blood which has been lost.

The solution used is made of the strength of forty grains of salt to one pint of water of the temperature 115° F. This quantity is given at once and repeated six or seven times in the twenty-four hours following the bleeding. After each injection a folded napkin should be pressed against the sphincter to help its retention. Of course, all injected is not absorbed, but enough finds its way into the

circulation to quickly relieve the acute symptoms, following which the regular treatment of anemia, milk, eggs, stimulants if necessary, and bitter tonics, combined with blood-forming remedies, are indicated.—*The Eclectic Review*.

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## STRUCTURE, CONSTITUENTS, ETC., OF PLANTS.

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In reply to inquiries regarding plants, their structure, constituents, etc., I will say:

To begin with, I do not look upon a vegetable structure in the manner that so many of my friends appear to consider it. I view it as an intricate structure, in which each integral part is related to, and united with, the associated constituents, be they solid or liquid. It is an intricate labyrinth of complexities which, taken together, constitute the thing as a whole. This structure in its entirety we call the plant, or drug.

In the course of the life of the drug there is no doubt that, owing to the structural alterations that occur, deposits of extraneous substances are often made, which may be likened to abnormal deposits that are sometimes found in animal structures, and which may be viewed as extraneous materials. Among such may be mentioned the oxalate of calcium deposits, the silicate and phosphatic deposits, possibly, also, some of the fats, the alkaloidal deposits and such, that are developed in certain parts of certain drugs and plants. These may often be excluded from the integral life structure, as may also a parasitic growth. Again, such bodies may have a wise and useful purpose in the life function of the plant, or as agents to protect its existence. For example, the bitterness of the delicate rhizome of the golden seal, the acidity of that most delicate structure, *sanguinaria*, the sourness of the fragile species of *oxalis*, the poisonous qualities of other plants, unquestionably protect these plants against the attacks of insects that otherwise would soon eradicate them. Such formations seem, almost as by design, somewhat similar to the offensive secretions that enable certain insects to exist, by means of their offensiveness, and to even protect such creatures as the skunk against their more powerful neighbors.

But to return to the plant subject. The intricate structure that we call the drug is in a form too cumbersome to be used in its en-

tirety. It is largely made up of woody matter, of fats that are inert, of coloring matters that have no therapeutic value, and of extraneous substances that may be excluded without great injury to the therapeutically valuable structure which, as a rule, seems to be soluble as a whole, in certain appropriate menstrua.

In the early day, an attempt was made to thus administer the vegetable drugs in the form of decoctions and infusions, which dissolved parts of the juices, carrying more or less of the medicinal substances found in the drug, which could then be given with a fair degree of certainty. But such preparations were open to the objection of fermentation, of decomposition by fungus growth, of carrying large quantities of gum and other extractive matter, that hindered the action of the remedial constituents. Then came the method of distillation in steam, by which the drug structure was broken up, and certain volatile constituents recovered by condensation. This was the day of medicated distilled waters, which, a few hundreds of years ago were made in a most complicated manner, and constituted great lists in the Pharmacopœias of Europe.

Came now (or preceding) the discovery that spirit of wine would abstract from certain drugs many constituents that water would not dissolve, and that it would preserve these structural solutions in a way that water could not accomplish. As these solutions were usually deeply colored, they were called "tinctures," the word *tincture* referring to the color of the preparation. This term tincture remains in vogue at the present day, referring to an alcoholic preparation, regardless of its color, made of a drug, although, be it said, the "tinctures," as a rule, are deeply colored.

In the Pharmacopœias of a couple of hundred years ago, tinctures were most artfully and wonderfully complicated. Ingredients, running into the hundreds, even, were employed in making some of these complicated cure-alls. It was a day of tincture faddism, just as we have had the day of fads in medicated waters, and other galenical preparations.

Came now the "quackery" of those who found herein opportunities to prey upon the gullibility of the people. Came also the so-called "quackery" of those who believed most enthusiastically in the statements they made to the people. Then, as now, it was very difficult to differentiate between the men overly-enthusiastic in behalf of a fad, and the artful creatures who took advantage of their opportunity to fleece the people. Arose then such familiar

"compound tinctures" as Compound Tincture of Senna, or Elixir Salutis; Camphorated Tincture of Opium, or Elixir Paregoricum; Compound Tincture of Aloes or Elixir Proprietatis; Tincture of Rhubarb and Aloes, or Elixir Sacrum. Marvelous were the claims made in behalf of these compounds, which were called *elixirs*, in the centuries we have mentioned.

At last, about one hundred years ago, appeared the experiment of Sertürner, who discovered morphine. It was a wonderfully-active substance which partook of the nature of the alkalies. It seemed to parallel opium, and to give in a concentrated form the value of opium. It was called an *alkaloid*, because it resembled an alkali in its properties of combining with acids to form salts. A new era now opened up. Chemistry became more important in plant medicine; the supposition, at least the hope, being that as morphine seemed to parallel opium, every plant could be decomposed by chemical means, and a something obtained therefrom to parallel the value of the whole plant, or its liquid representatives in medicine. This theory was quickened by the discovery of quinine in Jesuit Bark or cinchona, and soon thereafter, by the discovery of alkaloids in a few other important drugs. About this date arose the American schools of medicine, known as the Eclectic and the Thomsonian. Their medicinal preparations were mainly vegetable. They believed in a vegetable *materia medica*. Naturally, the attention of many enthusiastic scholars was called to the alkaloidal theory that had been started with the discovery of morphine. What a marvelous help it would be to suffering humanity could an alkaloid be picked out of each American drug, to carry the therapeutic qualities of the drug structure as a whole, to replace the liquid preparations that to that day had prevailed. Just now (1835) Professor John King stumbled upon "podophyllin." Its discovery was an accident. He called it "resin of podophyllum," and he thus correctly named it. Close following, by investigation, he discovered "resin of cimicifuga," and the "oleo-resin of iris versicolor." These discoveries, together with the known alkaloids, strengthened the theory that each medicinal plant possessed a *something* that could be separated and used in very small amounts, to represent the plant itself. Came now the fad of the so-called Eclectic alkaloids, resins, and glucosides, among which, however, only a very few were found to be alkaloids. This discovery that the alkaloids were so few in number was the first blow struck at



the theory of the so-called Eclectic alkaloidal faddist. Fifty years ago, in fact, leaders of the Eclectic school perceived that of all the plants they used less than a meager half dozen carried any alkaloidal qualities whatever. But the faddist was equal to the emergency. He must classify the various substances, obtained often by simply drying extracts, which, to make them dry, were necessarily often mixed with such extraneous substances as magnesium carbonate, milk sugar, and alumina.<sup>1</sup> Then it was that the terms *resinoid* and *concentration* were created, to apply to the powders that, misknown as "Eclectic," were called by many ignorant people, *alkaloids*. It was a day of alkaloidal fallacy, for the substances in the list were neither alkaloids, nor individual representatives of the plants from which they claimed to be derived. It was a day in which the Eclectic school in medicine came near being wrecked, and in which, had not Dr. John King, and a few other patriots, uprisen, it would have been wrecked. Among the entire list, as I look at the matter, stand so few substances that have an individuality of their own, as to make it ironical to speak of the list as being in anywise a collection of definite therapeutical educts. Among the few that carry the therapeutic energies, even to a moderate degree, of the drugs after which they are named, are only a comparatively limited number, a *very limited number* of alkaloids. The entire North American *vegetable materia medica* at the present time furnishes only two plants that yield alkaloids having any general use whatever, as alkaloids, in medicine. These two are sanguinaria and hydrastis. There are other alkaloidal plants, it is true. There are other plants in which the chemist can identify alkaloidal qualities. This, also, is true. But the alkaloidal feature of such is of no importance whatever, in a therapeutic sense. Excluding quinine, morphine, atropine, and a dozen or so others, the same applies to the total world's vegetable remedies. Of the vast majority of vegetable structures, in my opinion, no isolated product comprehends the full qualities of any drug, and hence, in the majority, liquid pharmaceutical preparations stand supreme to-day as they have in the past.

It has been my duty to be concerned in a business establishment that has required from me the most exacting care and study of the above subjects. I consider the entire line of so-called alka-

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<sup>1</sup> The personal, even vicious discussions in the Eclectic journals of that day concerning these substances seem to have been forgotten.

loids, glucosides and resins to be among the most profitable commercial products that can be manufactured. But this, together with the fact that opportunities second to none in their manufacture on a large scale lie in my direction, has never prevented me from expressing my opinion of this subject, or of upholding the cause of the pharmacist who maintains the integrity of his preparations.

To sum it all up, the course of medicine from the beginning of its struggle in the far-distant past to the present date, in which, just now, the coal-tar products and animal extracts, and the toxins and antitoxins are so conspicuous, has been a series of faddisms. Each fad has disappeared, to leave a something of utility, which to-day stands as a useful therapeutic agent in the *materia medica* of the world. The elixir fad, the tincture fad, the medicated distilled water fad, the chemical fad of Glauber and such as he, the alkaloidal and concentration fad of early Eclecticism, the fluid extract fad of regular medicine in the past forty years, the present toxin and anti-toxin, animal extract and synthetic coal-tar product fads, are related to each other in that they all are fads, and each will leave, probably, a few useful products to mark the enthusiasms of their days.—*The Medical Brief*.

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## DISEASES OF THE THYROID BODY.

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GOITRE, or bronchocele as it is termed, is an enlargement of the thyroid body. The swelling may involve the whole substance of the gland, or one or the other of its lobes, or possibly the isthmus alone. Its consistency varies with the nature of the growth. It always moves with the larynx on deglutition.

The pressure of an enlarged thyroid body on the surrounding structures leads to dyspnea; and cerebral symptoms may arise from interference with the main vessels which are displaced outwards. The trachea is especially liable to change of situation and shape from compression. It is usually flattened from side to side, and is sometimes pushed from the median line. Pressure on the recurrent laryngeal nerve leads to harshness in speaking, or aphonia, and sometimes to spasmodic dyspnea which may prove fatal.

In every form of goitre there is probably a certain amount of anemia, and in some cases it is a pronounced symptom. There is no doubt but that the thyroid body exercises considerable influence over metabolism and general nutrition. The total absence of the gland is associated with the disease known as myxedema or cachexia strumipriva, while it has recently been suggested that the symptoms of Graves' disease are due to the excessive absorption of normal or vitiated thyroid secretion.

Varieties of goitre: (1) Simple, or parenchymatous. (2) Cystic. (3) Fibroadenomatous. (4) Exophthalmic. (5) Acute and inflammatory. (6) Malignant.

It is not usual that the diseases of the thyroid body are classified into such varieties, but in my study of the subject, which has been fairly extensive, I find such a division assists very much in the treatment.

Complications may somewhat obscure the diagnosis, but in most cases the distinctions I have named may be differentiated.

Simple, or parenchymatous goitre consists of a diffuse overgrowth of the whole thyroid body, the parts retaining to a great extent their normal proportions. The growth is uniform and bilateral. One side may be slightly larger than the other. This kind of goitre is usually soft, somewhat elastic to the touch, and pulseless, unless it is large. There are no distressing symptoms. The patient is aware only of the swelling in the front of the neck. Late in the course of the disease the tumor may become sclerotic from limy degeneration of the fibrous stroma, and the functions of the gland be affected; and myxedema may develop later.

Cystic goitre arises from the development of the alveolar spaces of the thyroid body, which form one or more cysts filled with a clear or opaque fluid, which may be thin or thick. Usually in cystic goitre the tumor is very vascular as compared with the other varieties. Sometimes there is blood in the fluid of the cyst. Numerous tortuous veins of large size lie on the inner surface of the capsule, so that when they are wounded the venous hemorrhage is profuse. This condition of excessive vascularity is extremely interesting when an operation by excision of the tumor is to be considered.

In fibroadenomatous goitre one or more localized fibrous tumors develop in the gland, giving the goitre a nodular feel, as in any fibrous tumor. It is usually distinctly encapsulated. It is recognized by being localized, unilateral or central, and sometimes may

project as a nodular mass from the body of the gland. It is deeply embedded in the substance of a general enlargement, and may not be recognized till after removal. The isthmus is a common situation for its development. Fibroadenomatous goitres are of very slow growth as a rule. This kind of goitre may also degenerate, either into a limy formation, or a myxedema may result late in life.

Exophthalmic goitre, or, as often termed, Graves' or Basedow's disease, shows a diffuse enlargement of the thyroid body. With this disease there are always constitutional symptoms, as anemia, palpitation, and protrusion of the eyeballs. In most cases tremor is present. The tumor in exophthalmic goitre pulsates synchronously with the beating of the carotids. In some cases the vessels in the tumor are enlarged and pulsate. When the patient looks downward there is bulging of the eyeballs so that the upper lids do not follow the eyeballs, and a ring of white appears corresponding to the conjunctiva (von Graefe's sign).

These patients are very nervous, and the pulse rate is high. Any exertion or excitement increases the irritability, and the action of the heart, and may also cause considerable distress in breathing. The disease is associated with constitutional lesions, and it is difficult to decide whether this condition is primary or secondary. This point has not been decided and it is not important to discuss it at this time. Some of these cases improve without treatment, and others die under the best treatment, from asthma, or cardiac complications.

In acute and inflammatory goitre the enlargement of the gland is rapid. In some cases the tumor develops in two or three days, with rapid breathing, rapid pulse, and may reach a fatal termination early. In acute goitre we may have a variety of symptoms. There is pain in the gland, shooting like neuralgia; or the condition may be caused by infection; or there may be an embolism. Some cases of simple goitre may take on an acute inflammation. We will meet cases where there are open sloughing sores. This is the result of infection, with inflammation and fever.

Malignant goitre is an adenoid cancer, preceded by parenchymatous enlargement—a parenchymatous goitre. The malignant growth is very rapid.

It will be seen that from the varieties of the disease which I have described that there can not be a stereotyped treatment for goitre.

The treatment of the first three variations of goitre—simple, cystic, and fibroadenomatous, may be considered much in the same manner, and considered under one head. In the early stage many cases are cured by medical treatment, so that surgical measures are not necessary. Our aim is to treat constitutional conditions, as anemia and suppression of the menstruation first. We can influence the goitre greatly by restoring the menstrual function, and by curing the anemia, with such remedies as iron and bitter tonics. When this has been accomplished we may resort to remedies which have a more direct effect on the thyroid body.

The thyroid secretion contains iodine; either iodine is stored in the gland or collected from the system. Practical experience shows that iodine is curative of the three varieties of goitre first named. The best form of administration is thyroidin, but the constitutional symptoms, anemia, disordered menstruation, and other lesions must have been removed. Five-grain thyroidin tablets should be given three times a day. I do not believe that feeding the goitrous patient on sheep's thyroids proves any therapeutic doctrine; only that the iodine found in thyroids, or thyroid extract, is in the form that nature has provided for the proper nutrition of the system where, on account of disease, the function of the gland has become impaired.

Potassium iodide has a good effect in goitre but it is apt to irritate the stomach. It is deobstruent. The administration of large doses has been known to cause too hasty absorption of large goitres with untoward results. The absorbents could not dispose of the waste material, and the system was overcharged with it. The remedy is called for, however, in some cases. In the treatment of goitre external applications are very important. It is possible to get benefit from iodine when applied directly to the tumor; as the compound iodine ointment rubbed into the goitre. Iodine may be used in this way together with compression of the tumor. This treatment applies to the three varieties named. In using compression treatment simple collodion is painted over the tumor every second or third day. Collodion may be mixed with the iodine, but it irritates the skin. Where the local treatment causes too much irritation, wait till this passes away, and then begin again. Most cases of goitre of the three varieties first named may be cured in this way.

As remedies thyroidin, potassium iodide, ferrous iodide, tinc-

ture of iodine, and ferric chloride, or compound iodine ointment may be employed. To the medical treatment add hygienic means—outdoor life, good air, and sunlight.

In some cases a cure is retarded by the habits or pursuits of the patient. I recall the case of a lady with a parenchymatous goitre. She was twenty-one years old, and accustomed to hard work, such as scrubbing and cleaning floors. Such laborious exercise is bad for goitre. You must correct the habits and pursuits of the patient which prevent a cure being effected. It takes from six months to a year, when treated in this way, to cure the three forms of goitre named. If the goitre persists in spite of treatment, and especially if it gets worse, an operation for its removal is demanded. In those cases where the goitre is not large, and where there are deposits of calcareous matter, operate at once.

There is some advantage in operating where the goitre is small; and it is not safe to operate on a large goitre, as the hemorrhage is sure to be excessive. Such operations as ligating the vessels, and the injection of strong irritants, as perchloride of iron, have been generally abandoned. In operating only a part of the thyroid body is removed. It has been found that the total ablation of the gland is apt to be followed by cachexia strumipriva or myxedema.

Partial thyroidectomy, or Kocher's operation, is conducted as follows: Incision is made over the tumor in a vertical direction, preferably along the lower third of the anterior border of the sterno-cleido-mastoid muscle. In suitable cases a transverse or angular incision may be made extending over the tumor and isthmus. The opening must be large enough to permit an easy manipulation of the structures. The platysma myoides muscle and deep fascia are divided, and any veins that are met with secured and divided. The sterno-thyroid, sterno-hyoid, and omohyoid muscles will be found to be stretched over the goitre, and much thinned and altered in appearance. These are divided, or pushed upwards and to one side, and the capsule exposed; but it is not to be opened. If you open the capsule you will have a profuse hemorrhage, difficult to control. But little force should be used on the retractors, the aim being to obtain the fullest view by dissection. The limits of the mass are determined by blunt dissection, and the vessels secured above and below. The dissection is continued with Kocher's director, pulling the tissues away from the capsule, and, when necessary, division of the fascia made. No

tissues should be cut till they have been well examined. A plexus of large, thin-walled veins will usually be found covering the tumor. They should be ligated and divided separately. Step by step the surface of the tumor is cleared, care being taken to secure all bleeding points. It is to be remembered that the thyroid body touches the carotid sheath. The position of the carotid artery should be made out as early as possible, and the utmost care taken to avoid it. The superior thyroid vessels are sought for at the upper extremity of the thyroid body. If they can not be made out individually, a ligature may be passed with an aneurism needle and the vascular pedicle secured in two places, and divided between the ligatures. We locate the middle thyroid vein at the middle of the outer border, and the inferior thyroid vessels below. No pains should be spared to secure the inferior thyroid vessels. The inferior thyroid artery is deeply placed, has numerous veins in relation to it, and is closely associated with the recurrent laryngeal nerve. The vessels are to be secured close to the gland and divided, the mass turned over, and the posterior surface of the tumor cleared as far as the isthmus, or the median line. The isthmus is then transfixed with two ligatures and cut between.

The wound is examined, and bleeding or oozing is checked. It is well to flush the wound with a two and a half per cent solution of carbolic acid. The margins of the skin are united with silk-worm gut sutures, and a piece of iodoform gauze inserted for drainage. The usual iodoform dressing is applied and held with a bandage. The head and shoulders should be somewhat raised in bed.

I remember operating on a case of cystic goitre where it was necessary to open the capsule before ligating the vessels. The hemorrhage was profuse, the blood flowing like water out of a fountain, and it was controlled with difficulty. All my artery forceps were employed, and many ligatures, yet it could not be stopped.

The other method of operating is in striking contrast.

In ligating the inferior thyroid arteries, look out for the recurrent laryngeal nerve. If the ligature is placed close to the gland substance you will not include the nerve. As soon as the vessels at these three points are ligated, you raise up the thyroid body and free it from the trachea; which you must be careful not to wound, as it may be thinned by pressure. You come to the isthmus which must be transfixed in the middle.

In the cystic or adenomatous variety of goitre it is best to

operate as above, though there may be exceptions. If there are only one or two distinct cysts, or adenomata, you may open the capsule and enucleate, but it is safer to operate as above. If you find the cyst and think you can easily shell it out, you will usually have the profuse hemorrhage when you open the capsule.

In the treatment of exophthalmic goitre, errors in the habits and pursuits of the patient, overwork, worry, and poor sanitation must be corrected. If the patient lives in dark, poorly ventilated rooms, all treatment will fail, and she will be apt to get worse. The anemia will yield to iron. If there is sleeplessness and nervousness give potassium bromide or sodium bromide. Correct abnormal function. Menstrual disorders or nasal catarrh may complicate the disease, and must be cured first.

The respiration may be slowed by specific veratrum, given in five-minim doses, four times a day. This, you will observe, is a large dose, but it may be necessary to increase it. This treatment will at the same time slow the pulse and act as an alternative in selected cases. Specific strophanthus will also slow the pulse and increase its volume. It may be given in five-minim doses four times a day. A favorite prescription with me is: *R. Ferri carbonas, 3j; Specific veratrum, 3ij; Aqua q. s. ad., 3iij. M. Sig. A teaspoonful four times a day.* This has cured exophthalmic goitre.

Potassium bromide, given for nervousness, will also reduce the pulse. Specific belladonna, given in full doses three times a day, acts to relieve the congestion, and in some cases is curative. Tincture of iodine may be applied to the tumor, and thyroids may be given, but it must be done with great caution, as the latter is apt to increase the difficulty. The compound iodine ointment may be applied, but not collodion, or any kind of pressure.

In selected cases of exophthalmic goitre partial thyroidectomy may be resorted to. The details of the operation as being followed by us have been described above for other varieties of goitre. Usually a partial thyroidectomy is followed by a diminution in the size of that portion of the gland that is allowed to remain. If the patient withstands the operation, a cure of the exophthalmic symptoms will follow in nearly every case. The exophthalmia will persist for a time, while the operation itself is not dangerous. It is always well, however, to treat the case medicinally for a time for the amelioration of the constitutional condition, before resorting to an operation. But if the case is severe an operation is not warranted, as the pressure on the trachea increases the danger from



anesthesia. Syncope is apt to follow the operation, and death result in a peculiar and mysterious way.

In acute, or inflammatory goitre, specific veratrum and specific phytolacca should be given. Use the specific medicines. Apply a wet dressing of a solution of tincture of iodine in water. If supuration occurs open the abscess, dilate the wound, and wash out the abscess cavity and insert drainage as in other cases of abscess.

The treatment of malignant goitre is operative, or the total extirpation of all tissues involved in the disease. Whether you should attempt the operation or not will depend on the tissues that are involved. The infiltration of the surrounding tissues, when extensive, will render its removal very difficult. In any case of malignant goitre the operation is of a formidable character and the mortality very high.—*The Chicago Medical Times*.

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### CONCERNING FEVERS.

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The maintenance of a normal temperature is one of the most important considerations. Where the disease factors have produced either sub-normal or hyper-normal variation, this must be corrected. I lay it down as a principle that must not be violated, that elevated temperature should always be treated as such, and must receive first attention. However simple an elevated temperature, it should never be neglected.

I am aware that even the best of our antipyretics fail at times to control pyrexia, and because of this, to justify the failure of the physician, I think, an opinion has become popular that fever is a conservative and essential condition,—is nature's effort to rid itself of the causes which underly the condition. This is a most erroneous opinion. Fever is as much the result of the chemical forces at work, from the antagonism of the causes of the disease to healthy tissue and fluids, as heat is the result of the chemical processes involved, in the fire which would reduce my house to ashes, and I would no more be justified in neglecting the one than the other.

This is practically true in the fevers of childhood. In many cases temperature is the result of simple causes, which may persist, or may not; but persistence of elevated temperature rapidly induces other pathological ills which are more serious, such as acute hyperæmia of an organ or part, which will often be soon followed

by the usual consecutive processes of a developing acute inflammation.

The positive treatment of the initial fever immediately, stays the further development of the pathological processes, often, and in many cases wards off nerve irritation, with its train of symptoms, or prolonged inflammation, with its dire results. Further, where we have evidence of initial development of these processes the factors that underly their development are often retarded and checked by the positive control of the temperature. This position can be defended by unanswerable arguments.

Of simple fevers not specifically diagnosed, Dr. William Pasteur says:

"Simple fevers are very common in childhood, and their early recognition is of great practical importance. They may be roughly grouped under the following heads:

"1 Abortive or incomplete forms of the specific continued fevers,—typhus, typhoid, and relapsing fever. Cases of irregular type may occur at any time, but are more frequent during the epidemic prevalence of these diseases.

"2. Cases of scarlet fever, modified variola, and, more rarely, measles and erysipelas, in which the eruption is either absent or unnoticed.

"3. In rare instances, anomalous forms of intermittent fever.

"4. Fevers due to the effects of some localized inflammation, in which the local signs are transient, ill developed, or beyond the reach of observation. Cases of this kind occur in connection with lymphadenitis, tonsillitis, and acute catarrhal affections of the alimentary and respiratory mucous membranes.

"5. The whole group of fevers which are caused by disorders of digestion, attended by the absorption of pyogenic substances.

"6. Fevers depending on some disturbance or exhaustion of the nervous system as a consequence of exposure to heat, or of some peripheral nerve irritation. Also those depending on mental disturbances and those of reflex origin, the cause of which is obscure or indeterminate.

I desire to refer to a few unusual conditions of high temperature: With some neurotic, excitable or hysterical women, a high temperature will sometimes result from anger, extreme nervous excitement, or from anxiety when some other disease is present. I have found patients, when convalescing, to develop a high temperature for a few hours after entertaining company in the sick room.

I have found nervous women, after a satisfactory confinement, to develop a temperature with every visitor that was admitted; or to have an increase of temperature upon hearing startling news, or upon being disappointed. I have known the high temperature in these cases to persist until local inflammation was induced. Such inflammation is usually attributed to sepsis. But often sepsis is absent, and in other cases when present it is probably the result of the influence of the high temperature upon the body fluids. This condition must be treated with quiet, rest, and remedies calculated to soothe the nervous irritability. It will be found that there is some exhaustion or prostration present, and a carefully selected stimulating sedative will be needed. The causes of the irritation, as has been stated, must be arbitrarily excluded, and the digestion and appropriation of food, and the selection of foods, must have careful attention.

A high temperature of a positively asthenic character must be treated entirely different from the ordinary fevers. In a few of these, aconite in exceedingly small and frequent doses, bryonia or rhus toxicodendron will be found indicated. This latter remedy is indicated when the tongue and mucous membranes are dry and red, when there is cerebral irritation, or when with the exhaustion there is flushed face and bright eyes. With the intestinal irritation there is usually tympanites.

When there is a general asthenic condition with fever, accompanied with irritability and feebleness of the heart's action, cactus will reduce the fever and soothe the irritability of the heart. This is an important remedy and will exercise an important sedative influence upon the temperature in many cases where the heart is feeble.

Where the fever is induced by reflex irritability, it has been immediately controlled by *santonin* in one-grain doses every hour or two, when all other measures had persistently failed. *Echinacea* will be found of great value in fevers caused by pyemia or septicemia. It will antagonize the toxins and exercise a sedative influence at the same time.

In the treatment of persistent fevers the first attention should be paid to the stomach. Incorrect feeding and over-eating are common faults, and disorders of the stomach and bowels are of very frequent occurrence.

If the evidences of excessive acidity are present, with resulting fermentation and presence of gas, the syrup of rhubarb and potas-

sium,—the neutralizing cordial of the older physicians,—is a most rational compound and meets the indications in a very great majority of the cases. In children especially, a dose of this will remove the cause of many cases of sudden fever and acute gastric or intestinal pain, and with the removal of the cause the symptoms of the disorder will disappear. The common use of lime water is greatly overdone with infants. While a most serviceable remedy, no organic chemical agent of a character so positively opposed to the formation and presence of the essential free hydrochloric acid of the gastric juice, should be advised *ad libitum*, as this is by many physicians.

Physics and active laxatives should be made use of only when indicated. The old tradition that a physic is needed every time any disorder threatens is erroneous in the extreme, and is constantly the cause of the sudden and rapid development of severe phases of the disease, or of a positive increase in the disease phenomena, without being so recognized.

Flushing the intestinal canal with a large volume of hot water can do no harm, and is often of immense value. This may be repeated until the fluid returns clear. If the patient is aged or one previously enfeebled by chronic disease, or one suffering from a chronic disease of the heart, the physiological salt solution may be used hot, instead of hot water, and as much as possible should be retained in the bowels.

In introducing a large quantity of the fluid, the patient should lie on the left side with the hips elevated, and a small compress may be held flat over the anus when it is desired that the fluid be retained.

The use of a mild saline laxative is often of great service. The specific indications are a broad, thick tongue, coated white, with a yellowish tinge to the coat in the center of the tongue, the mucous membrane being pale.

I can not conceive of a more foolish procedure than persistence in the use of physics when the mouth and tongue are dry, the mucous membranes a deep red, the tongue pointed, thin, and narrow, with red tip and edges,—positive evidence of the lack of secretion and of the acid element of the already scanty fluids, or of an excess of alkaline constituents. If a laxative is used at all it should be acid or neutral in chemical reaction, or given in conjunction with free acid drinks; never alkaline under these circumstances.

The use of a hot footbath at the onset of a fever is a domestic measure of scientific importance and value, and should seldom be omitted. Where the chill was markedly severe at the onset of the fever, a hot bath may be given first. The patient should be taken from the bath, wrapped in warm blankets, the feet immersed in a deep vessel containing water pungently hot, to which is added a tablespoonful of mustard to each gallon. Pleasant hot drinks may be administered also. When the patient is placed in bed, after twenty or thirty minutes the blankets should be slowly removed, the perspiration being continued for an hour or two, according to the previous condition of the patient. This course is often much more effective than medicine, in breaking up colds and warding off the result of a severe chill, and the fever. It is often important that at the sudden onset of fevers the patient be deprived of food entirely for several hours. The obsolete practice of administering an emetic was often of great value, but unless greatly overloaded, rest, with perhaps a mild digestive if there is distress in the stomach, will often be sufficient. Subsequently small quantities only of simple foods should be taken.

In simple sponging the face, trunk, and limbs are sponged for from ten to twenty minutes with water,—cold or tepid, or even hot, as the patient may express a preference. In markedly sthenic cases water as cold as fifty degrees may be used; but in children the cold water readily produces shock, and a temperature of sixty-five to eighty degrees is preferable and more efficacious. When cerebral hyperemia seems to threaten, by flushed face, hot head and bright eyes with contracted pupils, cold compresses to the head are essential. They should be frequently changed. The wet sheet pack, fully described elsewhere, is of excellent service in aborting simple fevers.

Fevers in which there is a regular and marked morning remission with the evening exacerbation occurring at about the same time each day—one rise and one fall only in each twenty-four hours—are favorable and readily amenable to treatment. When the temperature continues to increase after midnight, with no abatement in the early morning or with irregular rise and fall during the day, or where the temperature remains stationary at a point above 102.5 or 103 degrees, the conditions are not so favorable,—are more intractable and less responsive to the measures used.—*Chicago Medical Times.*

# CURRENT ECLECTIC MEDICAL LITERATURE.

## The Eclectic Medical Journal.

Vol. LXVI, No. 1. January, 1906.

- |   |                   |
|---|-------------------|
| 1. Lobar Pneumonia, - - - - -                             | ROLLA L. THOMAS.  |
| 2. The Single Remedy, - - - - -                           | J. S. NIEDERKORN. |
| 3. The Medical Treatment of Nephritis, - - - - -          | J. D. DODGE.      |
| 4. Lumbago, - - - - -                                     | W. S. BOGART.     |
| 5. Is Fever Physiological? - - - - -                      | A. M. NICKS.      |
| 6. The General Practitioner - - - - -                     | W. F. WEIKAL.     |
| 7. Recollections of My Boyhood Days in Germany, - - - - - | H. G. ROTH.       |
| 8. Parisian Medical Chit-Chat, - - - - -                  | T. C. MINOR.      |
| 9. Seton Hospital Reports, - - - - -                      | L. E. RUSSELL.    |

1. Dr. Thomas' article is a portion of the section on pneumonia in his new "Practice of Medicine," just issuing from the press. This splendid work will be appreciated by the profession.

2. Dr. Niederkorn writes long and instructively on the employment of the single remedy away from which many physicians have strayed. When two or more remedies are to be given he advocates them singly in alternation. Among other points he notes:

"This inclination of combining remedies is too prevalent even among Eclectics, and there is no reason why that should be so. There is no serious objection to the adding of two remedies to the half glass of water, provided that the two are selected specifically; still, the very fact that we are combining our remedies, simple as the combination might be, admits the possibility of uncertainty, even though the one remedy is intended as an auxiliary to the other. If there is anything we should be certain of, it is the knowledge of the distinct action of our remedy and of the pathological wrong."

3. Dr. Dodge considers *in extenso* the treatment of nephritis. As so much ground is covered and so many remedies advised the paper will be best appreciated if read in full.

4. Dr. Bogart has an unfailing remedy, so he asserts, for lumbago, of whatever origin. It consists of specific arnica and specific macrotys in 2 to 4 drops of each at intervals of one hour.

6. Dr. Weikal, with great fidelity to truth pictures the general practitioner and his daily work. This tribute, which portrays the

willingness and patience of the average honest doctor, can not fail to touch the hearts of all who read it.

7. Dr. Roth recounts the pleasures of his boyhood days in Germany, when botanizing and the preparation of simple home medicines was a pastime. He names some of the medicines used in domestic practice in those years of long ago, and the uses to which they were put. Arnica for bruises and cuts; valerian for headache and nervousness; matricaria for infant's colic; flowers of elderbush for colic in adults; the wild pansy as an alterative in eczema, osteomyelitis, and pus discharging sinuses; digitalis and aconite (well known by everyone, but sparingly used); uva ursi; goose grease locally in asthma and bronchitis; and taraxacum as a mild laxative and diuretic. He recalls the French prisoners (war of 1870-71) gathering the leaves of dandelion for salad. Senna leaves and Epsom salts were the common cathartics in use. The article is entirely reminiscent and gives a good idea of domestic remedies in Germany thirty-five to fifty years ago.

8. Dr. Minor's contribution consists of a budget of translations comprising notes on laughter, cancer of monkeys, mosquitoes in Indo-China, ink as a microbicide, cancer cure at Marbourg, fleas and the plague, medication in other days. The article closes with a graphic sketch of the famous surgeon Tillaux. These contributions make restful and instructive reading for the doctor who is too prone to read nothing but his scientific text-books.

Vol. LXVI, No. 2. February, 1906.

1. Baptisia tinctoria, - - - - -	JOHN WILLIAM FYFE.
2. Some Recent Experiences, - - - - -	CHARLES A. DEWITT.
3. How Some New Ideas Affect the Doctor, - - - - -	W. B. CHURCH.
4. Nephritis—Pathology and Diagnosis, - - - - -	W. K. MOOK.
5. My Experience in the Application of Specific Medication, - - - - -	R. E. COLGLAZIER.
6. Parisian Medical Ohit-Chat, - - - - -	T. C. MINOR.
7. Appendicitis, - - - - -	J. C. ENTZ.
8. Drug Addiction, - - - - -	W. S. ROBINSON.
9. Seton Hospital Reports, - - - - -	L. E. RUSSELL.

1. Dr. Fyfe contributes a good article on baptisia in which he shows its power to arrest putrefaction in living tissues. He very properly notes that it is not a remedy for irritation, but rather in those opposite conditions—low states of the system such as are found in asthenic fevers, typhoid fever, scarlet fever, erysipelas, indolent ulcers, sloughing inflammation and putrid sore throat. He calls attention to the fact that it is a remedy of the American materia medica, having been used and recommended by Beach for

conditions similar to those named above. As an example of its direct action he reports the following instance.

"A case to which I was recently called will, to some extent, illustrate the positive and efficient action of this drug. The temperature was very high, the pulse frequent, and there was diarrhoea, and also a considerable abdominal soreness and pain on pressure. The face had a very dusky appearance. I prescribed as follows: *R* Specific baptisia, gtt. xx; water,  $\text{§iv}$ ; teaspoonful every hour. With the exception of turpentine and sweet oil—one part of the former to three parts of the latter—applied to the abdomen, baptisia was the only remedy employed, and the patient made a complete recovery in seven days."

2. Dr. DeWitt reports three cases of typhoid fever in which he depended chiefly on specific echinacea. All made prompt and satisfactory recoveries. In other cases he fortified his treatment with rectal injections of solution of potassium permanganate (1 grain to 1 quart of hot water) every six to ten hours. Temperature soon began to drop and the cases progressed rapidly to recovery.

3. Dr. Church discusses topics of interest to the coming doctor. Among other things to set the doctor to thinking he writes:

"It could hardly be expected that the business of treating sick and injured people would be overlooked in the prevailing tendency to the formation of trusts and combines. That it has not escaped there is abundant evidence in the great increase of fraternal organizations which offer inducements to secure members, containing two attractive propositions: First, a policy of life insurance, payable after death. Second, medical and surgical attendance at nominal cost during life, including family. Factories and corporations also are inclined to extend the monopolistic principle to everything which concerns them, in some cases contracting directly with a physician; the choice not based on his qualifications, but altogether depending on his being related, either directly or by marriage, to a prominent official of the contracting company. Notwithstanding ridiculously low fees, the position of company doctor becomes a sinecure, because it secures all the business. Sometimes a species of insurance company contracts with the factory to employ the doctor and look after the employees. Then the company deducts from each employee's pay a certain sum for sickness or injury. Like some other kinds of insurance, this is said to net good profits. The moral to be drawn from it all by the prospective doctor relates to the advantage which being well connected offers over all other qualifications. More or less persistent effort has been made by physicians in different localities to prevent any of their fellows accepting such positions. These efforts have not usually been altogether successful, but ordinarily it has left an unworthy remnant from which to select. This has, in a measure, worked



to defeat the object aimed at by the combinations. For when the company doctor proved notoriously incompetent and objectionable, many employees would refuse his services and employ an outside physician at their own expense. Financial considerations, however, in a class not too well paid outweigh many objections, and the effort to abolish company contract practice is not very promising."

4. Dr. Mock's paper on the pathology and diagnosis of nephritis is timely and should be not only read but studied in full. General diagnosis well in hand facilitates specific diagnosis and he who has both well-balanced within his grasp is the most successful physician.

6. Dr. Minor, in a delightful article, calls attention to use of ice in summer by the wealthy in ancient times as alluded to by Pliny, whose record, translated, is as follows:

"The waters even are clarified, and the very elements of nature are reserved by the power of money. Some drink snow, others ice. The mountain streams are transformed into mouthfuls of enjoyment. Ice is preserved for the heat of the summer. They know how to freeze snow in the scorching hot months. They boil water, and change it to ice a moment afterwards. \* \* \* But why did the Romans boil their water before freezing it? Yet they knew how to sterilize it centuries before Pasteur was born. So, after all, there is nothing new under the sun. By ebullition, perhaps, they thought to drive out the latent heat from the water they froze."

In this article he also writes of Epidaurus, the land of *Æsculapius*, Joan of Arc, and Japanese students.

7. Dr. Entz treats appendicitis medicinally as follows:

"Relieve his pain with hot application, and do this yourself if you have no trained nurse; if you can not relieve the pain with the hot application, you will give your patient morphine and atropine hypodermically; do not trouble your patient with medicine internally during the pain. The medicine will not be absorbed in the stomach, and you get no effect from it. As soon as you have the pain relieved, begin with small doses of, say one-tenth grain, calomel and sodium bicarbonate, two grains every hour. This, in my experience, will move the bowels sooner than anything I have tried, and with better results. Do not allow your patient anything to eat the first two days except a liquid diet and hot water. These are the best remedies I have found in appendicitis. You need not fear that your patient will starve in two days, and if he is a little hungry, the better. Keep him in bed for three or four days after the attack. Commence with toast and milk; he may have a soft-boiled egg. After the patient is safely over the danger of the attack, he will ask you what he shall do to keep off other attacks. You may carefully diet the patient, but statistics show

that 75 per cent will have the second attack, and 70 per cent will have the third attack. In recurrent attacks advise operation."

8. Of drug addiction, Dr. Robinson says:

"The cure of drug addictions can not reasonably be expected by any plan of treatment which entails protracted suffering, like the reduction method. If you will free the patient from all toxic matters, disengage the portal system, narcotics can be withdrawn without shock, collapse or diarrhoea. My plan in something near two hundred cases of drug addiction that I have treated is to free the system from all toxic matter, neutralize the morphine or other opiates in the blood, and the cure has been comparatively painless. I do not consider any drug patient cured so long as he takes a 'tonic,' or drug of any kind. He must be independent, physically and mentally, of all craving or desire for drugs. With a well equipped institution and the discreet administration of hyoscine, any case of the 'drug habit' can be cured permanently and without danger or pain. 'Individualize your patients.' Treat each case symptomatically as your judgment would dictate. Hot baths, proper massage, and well regulated diet will bring your patient around cured every time."

9. Dr. Russell reports a new procedure for the removal of "mother's mark." The discolored parts are blanched white with 95 per cent carbolic acid and then exposed directly to the field of the X-ray, using about one-half of the power of the rheostat in ten minute exposures. He also reports the operation for hare-lip in which success depends chiefly upon a liberal dissection of upper lip and nose from the bony structures of the face. Commenting on adhesions following Colles' fracture, he says:

"It has been my practice and advice for years to massage the hand and wrist, and to flex and extend and break loose these adhesions at the time of the removal of the splints, or within six weeks from the time the patient receives the injury. By this method of dealing with these cases the surgeon can hasten the recovery of the case, and often avoid adverse criticism from the patient and friends, and lessens the chances of damage suits following this Colles form of accident. It is not necessary to place the patient under the influence of an anesthetic to break up these adhesions. Let the surgeon take the hand firmly in his own, and then grasping the wrist with the other hand, hold the forearm rigidly and bend the hand forward, breaking up the excessive adhesions in the flexors and extensors. Then holding the patient's hand in his own, flexing and extending the fingers until the adhesions are freely broken up in the hand and fingers. If this method is followed carefully every few days, much of the deformity will disappear, and the patient will be restored to a useful hand and arm much more speedily than where they are allowed to go untreated following the removal of the splints."

**The Eclectic Review.**

Vol. VIII, No 12. December, 1905.

1. Immediate Perineorrhaphy and Trachelorrhaphy, - EARL H. KING.
2. Early American Psycho-Theraputists, - - - - J. THORNTON SIBLEY.
3. Diseases of the Cervical Canal and Their Treatment, - WILLIAM H. WYATT-HANNATH.

1. Dr. King's article will be reproduced in a future issue of the GLEANER.

2. Dr. Sibley contributes a valuable historical paper, the purpose of which he expresses as follows:

"I have a special purpose in preparing and presenting this paper. My object is to call attention to the fact that the common impression that American investigators had little to do with the early development of modern psycho-therapeutics is erroneous, and that the credit given to foreigners for originality in psychic research is not wholly merited. A large majority of the books on the subject of hypnotism and kindred subjects were written by foreigners; and careful investigators in the old world far outnumber the Americans who have sought great psychological truths; but some of the pioneers in the study and development of psycho-therapeutics were Americans. The most popular books on hypnotic phenomena make no mention of the thoughtful Americans, who did much to rear the foundation on which the science of psychology is being erected. The average student of hypnotism does not realize how much was done in this country; nor does he realize the fact that much that is credited to the genius and labor of foreign students, sprang originally from the minds of American investigators."

He takes up the work of Dr. J. Rodes Buchanan, Dr. William B. Fahnestock, John Bovee Dods, J. Stanley Grimes, and Leroy Sunderland, and contrasts it with that of Braid, of whom he says:

"Braid, who is usually considered the founder of the present science of hypnotism, was anything but original, and at best he simply took some of Mesmer's old ideas, dressed them up in new terms and presented them as something new and very scientific. Braid founded no school and had but few disciples. He was not a leader, and had nothing of the pioneer about him. His discoveries, if he made any, were not followed up. He seldom used hypnotism in his practice, till he had exhausted his resources in drugs. He never showed any characteristic of the martyr; and either did not believe fully in the power of hypnotism as a curative agent, or he lacked the courage to face the opponents of psycho-therapeutics in open battle. Braid was always compromising and making every effort to steer clear of the rocks and shoals on which Elliotson and other English investigators had been driven through the ignorance and prejudice of the medical profession."

Of the brilliant and aggressive Buchanan, who was a factor in the early days of Eclecticism, he says:

"Dr. J. Rodes Buchanan put forward in a public way his system of 'neurology,' afterwards called 'anthropology,' in 1841, two years before the publication of Braid's 'Neurypnology,' and when we eliminate Buchanan's personality, which was made up largely of aggressiveness and egotism, we find much in the phenomena he produced that resembled the phenomena produced by Braid, and described in his 'Neurypnology.' It will be seen that the claims of the friends of Buchanan that he is entitled to priority over Braid in much that is credited to the latter, are not without foundation. He ridiculed the theories and processes of the magnetizers, and declared war on everybody who did not agree with him. He was just the opposite of the compromising Braid. He was outspoken, fearless, uncompromising, and vindictive; a veritable bull in the mesmeric china shop, a psychological iconoclast and anarchist. He discovered what is known as psychometry, a system of clairvoyance that has many adherents to-day. He also perfected a system of phrenology, differing somewhat from that of Gall, inasmuch as it was more elaborate. His methods of inducing the passive state were not altogether unlike those of Braid, and in many respects he was a true pioneer in the field of practical psychology."

3. Dr. Wyatt-Hannath's article will be reproduced in a future issue of the GLEANER.

Vol. IX, No. 1. January, 1906.

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| 1. Can Sect in Medicine be Abolished? - - - - -     | ALEXANDER WILDER.  |
| 2. Apocynum Cannabinum, - - - - -                   | S. ROBERT SHULTZ.  |
| 3. Diphtheria, - - - - -                            | P. NILSON.         |
| 4. National Eclectic Medical Association, - - - - - | PITTS EDWIN HOWES. |

1. Dr. Wilder, in one of his usually philosophic papers, alludes to the intolerance that has always marked the progress of religion and medicine. Regarding the question "Can sect in medicine be abolished," he says:

"With different schools of opinion and practice, more or less distinctly organized by themselves, is it practical or practicable to include them as one sole profession? I discard, as totally unworthy of respect, the superciliousness which attempts to class a privilege-seeking number as being solely and exclusively the 'medical profession.' Such assumption is supremely selfish, unmanly, and hostile to the best interests of mankind. It savors strongly of the same spirit which leads certain religious corporations to style themselves the church and ignore others. It belongs to the Dark Ages. Nevertheless, all human interests are one. The medical art has legitimately but one aim, the benefiting of mankind. In this matter it is at one with every other art. Plainly, therefore, there should be no rivalry, except in doing service the best. Every individual has his specific adaptation and

field of activity, where none other can do as well as he; and none are supernumerary, or their work superfluous. The healing art has many phases, and human troubles are in many forms. There is a place, accordingly, for all. But till we all are ready to live up to this ideal, there will be sects, as there are diversities. In a perfect society, it is true that these diversities will contribute to make the whole complete; but while our mental and moral vision remains faulty they serve to produce and promote division. It is not easy for two to walk together except they be agreed. In such case the judgment of the Quaker is the better wisdom: 'Friend,' said he, 'this world is wide; there is room for me and thee to pursue our way apart.' Nor, under present conditions, is this so very unfortunate. The different sects in medicine have developed upon different views and ideas. Each naturally pursues investigation on its own lines. This adds so much to the general stock of attainment and knowledge. But for this divergence of sects, many of these lines of exploration and study would be neglected. I would be reluctant to part with any of the labors and results which have been accomplished, and I feel grateful to those who mined the treasures and brought them forth for our use. \* \* \* The present is hardly the time when there can be any fusion of sects. In the religious circle there has just been devised a federation of the denominations which call themselves evangelical, excluding those which affect the term liberal; but they do not contemplate any merging. This is practicable with medical bodies that prize profession above partisan advantage. The basis of the National Association seems broad enough for such co-operation: "The object shall be to maintain organized co-operation between physicians for the purpose of promoting the art and science of medicine and surgery, and the dissemination of beneficial knowledge and an improved practice of medicine."

2. Dr. Shultz reviews the pharmacology and therapy of apocynum, introducing the views of several authors of the dominant school. He also quotes Ellingwood and Fyfe. Unlike some other practitioners he has not found it of value in sciatica.

3. Dr. Nilson discusses diphtheria and outlines his treatment, which may be summarized as follows: Isolation, disinfection, minimizing doses (300 to 500 units) of antitoxin to exposed members of family, and in 2000 to 3000 units to patient as soon as diagnosis is made. This last is to be repeated in twenty-four hours, if necessary. He asserts that it has a favorable effect on the pseudo-membrane, induces perspiration, and liberates internal secretions which are antitoxic in themselves. The usual hygienic and dietetic measures are advised, and steam impregnated with oil of eucalyptus or turpentine is generated in the room. Aconite, bryonia, and phyto-lacca (the latter by spray also), potassium chlorate, and hydrogen

peroxide are also used. Astringents and chloride of iron he believes harmful.

4. Dr. Howes endorses Dr. Henderson's suggestions (See *Eclectic Medical Journal*, December, 1905; see also GLEANER, January, 1905, pp. 50-51) for the advancement of the interests of the National. Dr. Howes proposes as follows:

"I believe that a medical journal published by the association would be a great help in the right direction. Resolutions should be adopted and laws enacted by each state society, so that all their members in good standing should become members of the National. Each society should be required to pay a per capita tax of \$1.00 to the National for every member in good standing, said tax to be collected by the state societies of their members. There should be no dues paid directly to the National, but a charge made for the diploma. In times past a great many have joined the National simply to get the diploma, and have dropped out after paying one or two years' dues. By this plan they all would remain members as long as they remained in good standing in their state society. The membership of the National would be largely increased at a very slight expense, and each member would receive an ample equivalent for the money invested, in the shape of the journal published by the association. The journal should be published by the association, under competent supervision, for several reasons. First, its contents would pertain largely to the interests of its membership, which it should strive in all ways to augment. Second, being the property of the association, and only procurable by membership, it would be a strong inducement to draw Eclectics into the state societies, and ultimately into the National, thus adding strength all along the line. Third, the giving of the publication to any one of the now existing journals, for a given sum, would be sure to start a subject for discord. The pages of this journal should be filled with the papers read and discussed at the annual meeting, the papers submitted by title, the addresses and general business of the annual session, together with such matters as the officers might desire to bring before the membership at large."

### The Nebraska Physician.

Vol. II, No. 5. December, 1905.

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| 1. Letters from Dr. Dungan, - - - - -        | J. A. DUNGAN.   |
| 2. A Leaf from the Book of Memory, - - - - - | A. L. MATTHEWS. |
| 3. Echinacea in Habitual Aborters, - - - - - | W. T. SLOAN.    |

2. Dr. Matthews reports the successful issue of a case of laceration of the brain caused by the kick of a horse, crushing the frontal bone. It was necessary to trim off the lacerated portion of brain. Only cleanliness, using solutions and ointment of asepsin, constituted the treatment.

3. Dr. Sloan believes echinacea a useful remedy in habitual abortion when due to impoverished blood. He reports its favorable action in a case in which abortion coincident with an abscess of the neck was waited upon by him. The patient was of a tuberculous family. Specific viburnum failed to prevent the repeated abortions. At least, when again two-months' pregnant, and as soon as the abscess began to form (she refused to have affected gland removed), a glycerin paste was used upon the swelling and the following administered internally:  $\mathcal{R}$  Specific viburnum, specific echinacea, cascara,  $\overline{aa}$   $\overline{3j}$ ; water q. s.,  $\overline{3viiij}$ . Mix. Sig. One teaspoonful four times a day; if any pain or hemorrhage, every two hours. The abscess was aborted and the child carried to full term.

Vol. II, No. 6. January, 1906.

1. Surgical Diseases of the Kidney, - - - - F. L. WILMETH.
2. The Maxillary Sinus and Its Most Common Diseases, - - E. R. TRUELL.

1. Dr. Wilmeth contends that a complete examination ought to be sufficient to clear up the diagnosis and point out the best method of treatment of surgical diseases of the kidneys. For such purpose the ordinary examinations are insufficient and the segregator, the cystoscope, and ureteral catheters are necessary to arrive at a good diagnosis.

2. Dr. Truell contributes a good article on antrum diseases which we may reproduce in a future issue of the GLEANER.

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**The American Medical Journal.**

Vol. XXXIII, No. 12. December, 1905.

1. Stephen Benjamin Munn, M. D. (with portrait), - - ALEXANDER WILDER.
2. Sore Throat, - - - - E. YOUNKIN.
3. Announcement of Annual Meeting of the National Eclectic Medical Association, - - - - J. P. HARVILL.

1. Dr. Wilder contributes the life sketch of his friend and colleague, Dr. Stephen Benjamin Munn, whose active career as a participant in affairs of Eclecticism began with his part in the reorganization of the National Association in 1870. The trials of Dr. Munn as a boy and youth are vividly recounted, showing many details of romantic and adventurous character. Dr. Munn was born at Southington, Conn., September 8, 1827. Early in life he became a convert to Adventism, and at eighteen was married, having already begun the study of medicine. After a time he developed into a Methodist circuit preacher, laboring in Vermont,

Massachusetts, Connecticut, and New York. In 1857 he was located at Pawling, N. Y., where a Reform physician, Dr. Josiah Arnold, persuaded him to adopt a medical career. Vacillating alternately between medicine and theology, he finally, in 1862, became an adherent of the former, in which he has had a successful career. He now became an Eclectic and attended the Eclectic Medical College of the city of New York. In 1876 he was elected Vice-President of the National, and in 1877 President. His activity in this field aroused a new interest in the then dormant national body. Dr. Munn is still actively engaged in practice and finds time to attend the meetings of the National. This paper of Dr. Wilder's is delightfully reminiscent and will be enjoyed by the friends of both subject and writer.

2. Dr. Younkin discusses the subject of sore throat in the forms of acute catarrhal pharyngitis, acute tonsillitis, acute edema, follicular tonsillitis, and diphtheritic sore throat. Dr. Younkin is especially facile in differential diagnosis and his distinctive differences between the two last-named affections is particularly characteristic. His treatment for acute catarrhal pharyngitis is a hot pediluvium at bed time, a hot water pack about the throat, and a gargle of milk, or water and vinegar. In acute tonsillitis his early treatment consists in aconite and phytolacca, in which he has strong faith, hot pediluvia, hot dilute vinegar gargles, and volatile liniment externally; abscessed tonsil should be punctured through the soft palate. Operative measures (puncture of edematous tissues or laryngotomy) are suggested for acute edema, when necessary. For follicular tonsillitis his internal remedies are aconite, iron, jaborandi, phytolacca, or chlorate of potassium as indicated; locally, potassium chlorate, hydrastis, or peroxide of hydrogen. For diphtheria, when the child does not resist, he used locally to disinfect and remove the membrane, Monsel's solution, or a citric acid solution of corrosive sublimate, by means of a probang; other favorites are hydrogen peroxide; trypsin, and oil of eucalyptus in alcohol (1 to 20). Ice cream, ice, iced milk, and cold foods are given, and if there is not too great depression, he uses the following for a child of five or six years:  $\mathcal{R}$  Sodium salicylate,  $\mathfrak{3j}$ ; specific phytolacca,  $\mathfrak{3ij}$ ; specific jaborandi,  $\mathfrak{3j}$ ; simple syrup, q. s.  $\mathfrak{3iv}$ . Sig. One teaspoonful every two hours. If there is pallor and depression,  $\mathcal{R}$  Hydrogen peroxide,  $\mathfrak{3j}$ ; pure water,  $\mathfrak{3iij}$ . Sig. One teaspoonful every hour, or alternate with  $\mathcal{R}$



Hydrastin muriate, grs. iv; Salicin, grs. xxiv. Mix. Ft. Chart No. 12. Sig. One powder every two hours. He favors echinacea both locally and internally, believes antitoxin to be still in the experimental stages, has used it where it apparently did good, and has also seen death result from it so quickly that he dreads it. Though he does not regard its use as based on sound philosophy, he uses it when the friends or parents of the patient insist on its employment.

Vol. XXXIV, No. 1. January, 1906.

1. Minutes of 21st Annual Meeting of Texas Eclectic Medical Association, - - - - -	L. S. DOWNS.
2. Annual Address, - - - - -	W. E. BRIDGE.
3. Cerebro-Spinal Meningitis, - - - - -	JOHN P. RICE.
4. Fracture of Patella, - - - - -	C. A. LANIER.
5. Septicæmia, - - - - -	H. H. BLANKMEYER.
6. Appendicitis, - - - - -	W. M. TUCKER.
7. Etiology, Pathology, and Description of the Prominent Skin Lesions, - - - - -	JASON TYSON, JR.

2. Dr. Bridge sounds a warning note against being led off therapeutically by the claims made by interested pharmacal manufacturers. He pertinently asks:

"Are we doing our own thinking, making our own investigations, or do we follow while the pharmacist leads? \* \* \* Surely that progression that leads us in the path of fanaticism and commercialism is not progression from a therapeutical standpoint. While we admit this to be the progressive age of medicine we are also free to charge that in the mad rush of progression the medical fraternity seems to have lost sight of the fundamental principles of symptomatology and direct medication.

"Yet we are living in the progressive age of medicine, and suffering with a violent attack of therapeutical fanaticism. Not only are we affected along the line of drug therapeutics, but our specialty practitioners are swooning with the same malady. The time has passed when an emetic would relieve the patient of a few undigested navy beans or raw potatoes, but instead the appendix must pay the penalty while the surgeon goes on record as one of renown. And the rectal specialist asserts that he can cure consumption by amputating a hemorrhoidal tumor, while the electrical therapist guarantees to cure any case of insomnia or nightmare, regardless of the amount of pork and cabbage eaten for supper."

3. Dr. Rice, after discussing the lack of certain knowledge concerning cerebro-spinal fever admitted by investigators, gives the symptoms and varieties of that disease. As to treatment, conditions must be met by the indicated remedy. His suggestions are to

"Unload the *prima viæ* with salines first. Pilocarpine to control convulsions, if present; gelsemium and ergot to equalize the circulation should be given in doses enough to affect. Aconite in the incipient stage to control fever. Belladonna for coma. Calibar bean, bryonia, echinacea, cannabis indica and xanthoxylum supplemented by the defensive proteid nuclein, are the chief remedies employed to meet the varied phases of the disease. Counter irritation up and down the spine should not be overlooked. Unguentum Credè, well applied, twice daily the full length of the spine is thought well of by many. The emunctories are to be carefully watched and kept active. The room should be well ventilated and dark, and the diet should be no less carefully looked after than the medication."

4. Dr. Lanier treats fractured patella as follows, the two main objects being control of the effusion and prevention of action of the quadriceps tending to separation of the fragments. Systematic pressure or cold to prevent or subdue effusion, immobilization of the joint (after adjusting the fragments with the fingers) by means of a straight or preferably a moulded posterior splint, raising the foot to prevent action of the quadriceps, and applying elastic bandage. Keep patient quietly in bed, visit him every day. If bandage is successful in subduing effusion and keeping up coaptation leave it on for two weeks. Then change to roller bandage from foot to thigh, crossing obliquely immediately above and below patella. After another two weeks and there is evidence of good union, replace bandage with plaster bandage cut so as to be removed daily for massage, and allow patient to go about on crutches. After a month it may be left off at night or while patient is in the house. Enjoin gentle movement of the joint now, warn against premature forcible flexion and falls. Insist on the requisite period of rest throughout in order to maintain coaptation.

5. Asked by the Texas State Program Committee to write upon one remedy for septicæmia, Dr. Blankmeyer responds as follows:

"Specific medicines, aconite, veratrum, gelsemium, belladonna, echinacea, sulphite of soda, chlorate of potash, sulphate of quinine, etc., are all very important agents, but if I were confined to one remedy I would choose water internally, externally, and by vaginal and rectal douches. But above all I would advise the less frequent and more careful use of the curette and so prevent septicæmia."

6. Dr. Tucker, in discussing the medicinal treatment of appendicitis, regards Allison's position the most plausible reported during the year, viz.: "Give rest to the inflamed area by withholding food and avoiding cathartics." Use high colonic flushing to

empty the bowels and allay pain and relieve hyperæmia; arrest vomiting with ipecac, nux vomica, bismuth subnitrate, carbolic acid, or by washing out the stomach, or use of mustard plaster; ice bags to appendicular region, or hot stupes if patient complains of the cold. Aconite and belladonna early are frequently useful; for flatus with parietic gut, and dry red glazed tongue, pulse feeble and wiry, oil of turpentine; for tympanites, turpentine, asafetida, and xanthoxylum; echinacea for dark brown or black tongue, with sepsis; and for peritoneal involvement, aconite and veratrum.

### Modern Eclecticism.

Vol. II, No. 1. December, 1905.

- |                            |           |                      |
|----------------------------|-----------|----------------------|
| 1. Facts in Medicine,      | - - - - - | C. D. R. KIRK.       |
| 2. Be True to Your Colors, | - - - - - |                      |
| 3. Chiropractic,           | - - - - - | JOHN ALBERT BURNETT. |
| 4. Alstonia Constricta,    | - - - - - | JOHN ALBERT BURNETT. |

1. Dr. Kirk calls attention to the necessity of a sharp recognition of specific indications in treatment and cites a case in which he had given antiseptics on general principles without results. A closer examination revealed the red, dirty tongue, distinctly calling for sulphurous acid, which, when administered promptly cured his case. He cites also aconite and rhus cases. Having had several deaths follow typhoid fever during convalescence, through imprudence on part of patients in walking around and indulging in heavy foods too early, Dr. Kirk makes it a rule to allow only a liquid diet for ten days after subsidence of fever.

4. Dr. Burnett advises *Alstonia constricta* as a substitute for quinine in malaria, thus reviving an old claim, which was proven in practice to be untenable. The ground was thoroughly covered thirty years ago and nothing new of value has since been offered concerning *alstonia*. See also *Eclectic Medical Journal* for March, 1906.

Vol. II, No. 2. January, 1906.

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|--|-----------|----------------------|
| 1. Refilling Prescriptions,            | - - - - - | R. B. KELLEY.        |
| 2. A Plea for Sobriety,                | - - - - - | J. F. OWNENS.        |
| 3. Miscellaneous Notes,                | - - - - - | JOHN ALBERT BURNETT. |
| 4. The Operation for Submerged Tonsil, | - - - - - | J. H. POWELL.        |
| 5. Some Excellent Prescriptions,       | - - - - - | JOHN H. GOSS.        |

1. Mr. Kelley, a prescriptionist in an Atlanta drugstore, writes one of the best papers we have seen regarding the ownership of the prescription. It is reproduced in this issue of the GLEANER.

2. Dr. Ownens deplors the fact that many physicians "look upon the wine when it is red," and makes a fervent appeal to doctors of all creeds, and he feels kindly towards all schools of medicine, but particularly to Eclectics, to lead strictly temperate lives.

4. Dr. Powell calls attention to the good results attending operation upon submerged tonsils. He says:

"We often see cases of throat trouble that is causing the patient a great deal of annoyance, and yet a casual examination shows few or no conditions or changes in the mucosa to account for the symptoms that the patient came to consult us for. Often the tonsils are absent either by operation in early life or have gone through several attacks of tonsillitis with abscess until nothing is left but the base, and the inexperienced eye at once concludes there is no tonsils, or if so only a harmless stump covered with mucous membrane and is entirely harmless. Here is where the mistake is made often. Just this kind of case is the one that is really giving the most trouble. If there is redness and tenderness in the region of the stump, any mucus can be pressed out or any these deposits in the tonsils tissue it is always safe to advise the operation of dissecting out the base of the tonsils and expect good results to follow the operation. I have done 183 of these operations in the last four years with good results in every one and in some of them the results were astonishing."

#### Medical Arena.

Vol. XVI, No. 11. November, 1906.

1. General Items, - - - - - JOHN WHERRELL.
2. Scutellaria lateriflora, - - - - - JOHN ALBERT BURNETT.

1. We abstract from Dr. Wherrell's paper on General Items, the following:

"Common salt in the food aggravates a case of nephritis and causes edema. Keep this in mind. — For the relief of orchitis nothing will equal drop doses of pulsatilla every twenty minutes. — Turpentine is as an effective antidote to carbolic acid as is alcohol. — The three best systematic antiseptics are echinacea, baptisia, and calcium sulphide. — If you wish to get rid of warts without pain or scars apply castor oil to them night and morning and they will soon vanish. — In neuralgia of the face or head do not forget specific gelsemium. Give it in one drop doses every ten minutes. You may expect relief inside of an hour."

2. Dr. Burnett's paper is a collection of citations from various authors on scutellaria, which he believes to be a neglected remedy. It is indicated, he says, when "the pupils are dilated, the patient sluggish, with a tendency to sleep." He strongly urges the fol-

lowing combination in chronic malaria, with enlarged spleen:  $\mathcal{R}$  Specific alstonia, specific scutellaria, specific chionanthus, specific uvedalia,  $\overline{aa}$   $\mathfrak{z}j$ . Mix. Sig. Dose, 40 drops every three or four hours.

Vol. XVI, No. 12. December, 1905.

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|--|----------------------|
| 1. The Sympathetic Nerve, - - - - -        | B. E. DAWSON.        |
| 2. Post-Partum Hemorrhage, - - - - -       | C. E. FRAZIER.       |
| 3. Vitality—The Old and the New, - - - - - | JOHN WHERRELL.       |
| 4. Hepatic Remedies, - - - - -             | JOHN ALBERT BURNETT. |

1. Dr. Dawson recounts the wonderful control of the sympathetic nervous system over the body in health and disease. Illustrative of its control during narcosis, he says:

"While your patient is under an anesthetic, if you dilate the internal sphincter of the anus, you will observe the prompt response in heart and lungs to the message sent through the sympathetic. Continue the dilatation by spasmodic action and closely watch the results. The capillaries become flushed; the hands and feet will become warm, though they may have been cold for months or years; the face will glow with new blood; the pulse will have more volume and more force; the entire capillary circulation is thoroughly flushed. New building material is carried to places needing repair, and effete material carted out, congestion relieved, and the circulation equalized. We have a leverage here that can be used with great therapeutic potency."

Dr. Dawson relates three cases showing the value of treatment directed toward the sympathetic. 1. A business man in which divulsion of the anal sphincter overcame a long persistent pruritis; 2. A boy of twelve, pallid and anemic, who suffered for four years from periodic attacks of gastralgia and enteralgia. Marvelous effects followed divulsion and circumcision under anesthesia. Both these cases had contracted and tender sphincters. 3. A young lady of twenty afflicted with dementia. All-around orificial work restored her reason and bodily health.

2. Dr. Frazier reviews the various forms of post-partum hemorrhage and the treatment, and asserts that while no one drug, after the proper mechanical treatment, can be relied upon to overcome this accident, yet there is one remedy that is always indicated and that is atropine hypodermatically. A sufficient use of it has assured him of its value in post-partum hemorrhage.

3. Dr. Wherrell's article is devoted chiefly to the consideration of anatomic points and lines as so-called "signs of vitality," reminding one of the theories of Wm. Byrd Powell. Dr. Wherrell

believes them infallible guides to the longevity of the individual possessing them.

4. Dr. Burnett discusses the comparative value of liver remedies, contrasting specifics chionanthus, chelidonium, podophyllum, and leptandra, with calomel, nitro-hydrochloric acid, podophyllin, and ammonium chloride, named by some one else as covering the therapy in liver diseases. He also discusses myrica, rhubarb, and pulsatilla. Upon inquiry, he says:

"I found the regulars more often used calomel. The Homeopaths more often used colocynth, and the Eclectics more often used podophyllin, or podophyllum, and the Physio-medical physicians more often use leptandra."

Vol. XVII, No. 1. January, 1903.

1. Medical Schools and Medical Laws in Missouri,	- J. A. McLANE.
2. Diphtheria,	- E. M. HOOVER.
3. Endocervicitis,	- B. J. ALEXANDER.
4. Urinalysis,	- WM. H. YOUNG.
5. Tonsillitis,	- JOHN ALBERT BURNETT.

#### 1. Dr. McLane asserts that,

"As the law now stands no one, male or female, black or white, need be a graduate of any medical college—either within or without the state of Missouri—to have the legal right to practice medicine in the state of Missouri. It is not even necessary to have even attended, or thought of attending a medical college."

Under the law of 1901 an elementary examination before the State Board of Health in the ordinary medical subjects must be passed with a grade of not less than 75 per cent. This, with the fee of \$15, entitles to the practice of medicine. This law took away from the board the right to inquire into the standing of medical colleges, or whether the applicant be Regular, Eclectic, or Homeopathic. In 1903, an amendment permitted any person to practice without a license who is a commissioned surgeon of the United States army or navy, or a student who had matriculated in a medical college (within or without Missouri) on or prior to March 12, 1901, and has graduated in a medical college in the State. The student who matriculated on or after March 12, 1901, and graduated in the State is entitled to a license without examination, upon payment of \$15.

"The only legal qualifications such a person needs to entitle him to the legal right of a license is (1) did he or she, black or white, Greek or Barbarian, matriculate in a medical college somewhere in England,

in Rome, in the Philippine isles, in Cuba, or somewhere along the banks of the Ganges—or possible in the United States, sometime before midnight, March 12, 1901. (2) Has he before or sometime since March 12, 1901, graduated from a medical college in the State of Missouri. (3) And has he fifteen dollars that he don't need, that he wants to part with for a license—if so, pay it to the State Board of Health and get a license. You will observe that there is no law requiring the college at which he matriculates or graduates to be in good standing, or even chartered, or that he should have attended it for any length of time whatever. Such a student who so matriculated and so graduated—has like the army surgeon, the legal right to practice medicine in the State of Missouri without a license, and keep his fifteen dollars. The legislature of Missouri in 1905, page 213, enacted the principle of reciprocity and made it possible for the board to issue licenses to legally qualified practitioners of medicine, who hold certificates to practice medicine in any State or Territory in the United States or the District of Columbia, whose requirements are equal to those of Missouri, and who extend like privileges to us, upon paying a fee of twenty-five dollars."

2. Dr. Hoover reports a fatal case of diphtheria, with high fever, sore throat, dry tongue, enlarged tonsils, but no visible membrane. The case was pronounced tonsillitis and a hopeful issue expected. The contagion extended to other children who showed the characteristic diphtheritic deposit. These cases, however, recovered.

3. Dr. Alexander reviews the subject of endocervicitis. Curettement may be necessary. His method of local treatment is as follows:

"Cleanse with an applicator wound round with a bit of cotton. This is dipped in a little dioxogen, which, if the discharge is purulent, will be found the best application for the purpose. But if the cervix is filled with mucus, especially if it is very tenacious, there is nothing so good as the fluid extract of *geranium maculatum*. It takes hold of the secretion promptly, coagulates it rapidly, and renders its removal easy and complete. Following this part of the cleansing, irrigation with sterilized water may be practiced, though it is not absolutely necessary, many cases even doing better without it. The further treatment will, of course, depend upon conditions. If there is much erosion, and especially if there is much tendency to bleeding, a pledget of cotton soaked in extract of *pinus canadensis* (dark) or fluid extract of *geranium maculatum*, and placed against or within the os, will be found effective. Another preparation, which is very good for this purpose, is made by mixing an ounce of tincture of iodine with two ounces of pure glycerine and adding one ounce of *geranium*. This is especially indicated where the affected surfaces show prominent granulations, and in cases associated with subinvolution."

When gradual absorption is the object, and it is desired to prevent the bleeding usually attendant upon the use of the application, the remedies may be mixed with cocoa-butter and used as bougies. When gonorrheal pus is present use bougies containing one-half grain of protargol once or twice a day; after purulence abates somewhat substitute aristol or iodine. Internal medicine is of little use. However, if the uterus is atonic and flabby preparations of viburnum may be used; if subinvolution, combine them with potassium iodide.

4. Dr. Young's paper is devoted to urging the physician to give greater attention to urinalysis and to do the work himself in preference to having it done by specialists. In this way the physician keeps in touch with diseased conditions better than when the work is done by proxy. As good books to follow, he mentions "Examination of the Urine," by Saxe; "Clinical Chemistry," by Bartley; "Clinical Diagnosis," by Boston; Platt's "Qualitative Analysis and Medical Chemistry."

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#### The California Medical Journal.

Vol. XXVI, No. 12. December, 1905.

1. Leprosy—Its Causes, Prevention, and Treatment  
(Continued), - - - - - THEODORE JUDSON HIGGINS.
2. The Life Principle—Some Universal Phases of  
Action, - - - - - ALBERT J. ATKINS AND  
EMMA LEWIS.
3. Obstetric Calendar, - - - - - G. W. HARVEY.

1. Dr. Higgins discusses the bacteriological and pathological aspect of leprosy in this paper and begins the first requisite in treatment viz.: the consideration of remedies which increase the excretory functions of the emunctories of the body. The warm bath with the olive oil rub are advocated and the use of pilocarpus fortified with cactus is advised to increase gastric glandular secretion and to stimulate the emunctories. This is as far as his article, which is to be continued, carries the discussion.

2. Dr. Atkins, who has instituted some very remarkable experiments from which he concludes that the "life principle" acts electrically in all living organisms, that the brain being charged with electrical energy enables it to register thought upon electrical principles, and that the entire organism works upon electrical principles, contributes a long article on the Life Principle, that will be read with interest by those who seek the cause of "our being."



3. Dr. Harvey illustrates and explains a device in the form of a cross intended to serve as an "*Obstetric Calendar*." It is protected by copyright and all rights reserved.

Vol. XXVII, No. 1. January, 1906.

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|---|----------------------|
| 1. The New Chemic Theories, - - - - -   | W. C. BAILEY.        |
| 2. Alcohol—Food or Medicine? - - - - -  | F. G. DE STONE.      |
| 3. Infectious Diseases, - - - - -       | G. P. VON GERICHTEN. |
| 4. Feeding the Fever Patient, - - - - - | CHARLOTTE A. AIKENS. |

1. Dr. Bailey concludes the third paper of his series of articles on the New Chemic Theories, as follows:

"Light and sound are produced by vibrations of ether; the question naturally arises 'what is ether?' According to the new chemic theory atoms are produced by the vibration of ions; again the question naturally arises, 'what are ions?' At the beginning of these articles the definition of ether was given as 'matter of extreme tenuity and supposed to pervade all space, the interior of solid bodies not excluded. Its elasticity is unlimited, and because of this elasticity is capable of transmitting all of the various phenomena of energy.' Accepting this classic and as yet unchallenged definition of energy, it would seem perfectly logical to define the ion as the ultimate unit of ether. But to do this would be a return to the old and discarded theory that light, heat, and sound were fluids having actual substance. Without attempting at the present time to reopen that old problem, it may be well to call attention to two diametrically opposed statements made by Professors Tyndall and Crookes. Prof. Tyndall, about thirty years ago, stated, before the Royal Polytechnic in London, that he believed there would yet be discovered in matter the reason and cause of all the phenomena then known as energy. Twenty-five years later, speaking from the same platform, Prof. Crookes quoted this statement and paraphrased it by saying that he believed there would yet be discovered in the various phenomena of energy the reason and cause for the existence of matter. The later discoveries of Prof. Crookes, Prof. Lodge, Mme. Currie, and their co-workers seem to blend these two opposing statements into one and to give a reasonable foundation for the theories that matter and energy are simply different phases of the one primordial source, be that source matter or energy or neither, but something yet to be determined."

2. Dr. De Stone declares that

"Alcohol, which forms an integral part of the body, must be a product of digestion. It has been pretty clearly shown that all of the conversion of carbohydrates into fuel for the system is one of alcoholic distillation and I do not know but that I am ready to believe that the whole process of nutrition is one and the same process; in other words, everyone is a walking distillery. We do know that persons who habitually over-indulge in the good things of the table exhibit the same

signs of congestion as those arising from alcoholism. The red, blotched skin, and blossoming nose, purplish cheeks, congested large liver, or atrophic hard and useless, bloodshot eyes, labored breathing, etc."

In support of his statement he quotes Major Charles Woodruff, who asserts that animal and vegetable cells are now regarded by biologists as not essentially different, except in the method of obtaining their food. It has been found that the cells of the pancreas produce an enzyme which attacks the digested carbohydrates in the blood and changes them to alcohol. Thus the plant physiologists and animal physiologists agree that the carbohydrates must be changed to alcohol before they can be utilized. Quoting Ramus, Dr. De Stone shows that as the body is "incapable of utilizing as a fuel any carbohydrate except alcohol, and if the pancreas is so diseased as to be unable to produce its enzyme, or if it be extirpated" sugars drain through the kidneys producing one form of diabetes. "We get nearly all of our energy from alcohol manufactured in the body in tiny non-poisonous doses." According to Dr. Woodruff, even hard drinkers live longer in the tropics than total abstainers. Dr. De Stone asks

May there not be lurking somewhere here a truth in the faith of the ancient alchemists, in their belief that the elixir of life had at last been found in the discovery of alcohol. If electricity is the nerve force as Dods argued (and his arguments have never been refuted) and alcohol does really promote sustenance of the tissues, may not search for a pure alcohol and a means of connecting the two, result in the veritable discovery of an elixir of life?

"The body analysis shows alcohol as a normal constituent, that it is different from that we can manufacture; there must be cells in the stomach that can perform the feat of purifying this alcohol to enable it to be assimilated, and if this is the logical premise it seems, we see no reason we should not assume that with the increasing demand made upon them by the user of liquors, more cells are formed to enable the system to adjust itself to the work. The facts before us bear out this conclusion for we know of thousands of people who have used liquors all their lives and have reached very advanced age, which could not be the case were it the deadly poison some would have us suppose. I have been conducting an experiment in my office, which is, as far as I know, original with me; though probably not as there is nothing new under the sun. But it may be of interest, therefore I will mention it. I have about a dozen different kinds of plants growing in my office, some of these had become droopy, and two of them had died down and seemed past redemption, and one, a large fern, had become scaly. After trying many things to bring them back to

good condition, even to giving them new soil, but without avail, I decided to try a dose of alcohol. I made a three per cent mixture and gave each plant about two ounces each day. The result was magical, the fern that had the scales brightened up and bids fair to recover entirely, the two that were almost dead sprouted anew and in four days an asparagus fern had grown over six inches, a geranium grew four inches in the same time, and the other plants have brightened up and look as fresh as when first purchased."

3. Dr. Von Gerichten's article should be published in full and placed in the hands of school principals and school teachers all over the country. It deals with a subject very well understood by the average doctor, but of which there is much ignorance on part of school authorities.

4. Dr. Aiken's paper should be read in full. It contains many excellent directions concerning the feeding of fever patients.

#### **The Chicago Medical Times.**

Vol. XXXIX, No. 1. January, 1906.

1. Varix of the Vagina in Pregnancy, - - - -	A. L. CLARK.
2. Treatment of Malaria, - - - - -	JOHN ALBERT BURNETT.
3. Diseases of the Joints - - - - -	E. J. FARNUM.
4. Concerning Fevers, - - - - -	FINLEY ELLINGWOOD.
5. Oozing Tumor (Leucomotorrhea) of the Labia and Walls of the Vagina, - - - - -	W. H. HALBERT.
6. Renal Hyperemia Precedent to Nephritis, - - -	FINLEY ELLINGWOOD.
7. Diagnosis of Pregnancy, - - - - -	O. A. WATSON.
8. Modern Treatment for Tibial Ulcer, - - - -	JOHN FARN.
9. Race and Disease, - - - - -	A. W. CONRAD.

1. Dr. Clark calls attention to the meager and unsatisfactory literature concerning vaginal varix during pregnancy, and quotes the little that authors have to say upon the subject. A severe case that was examined under anæsthesia presented difficulties in the way of possible rupture before or at childbirth, or of enlarging in the broad ligaments if ligated, and then possibly rupturing at childbirth. Operation was decided not feasible and the patient was put to bed the last two months and a strict recumbent posture enjoined. As a mild astringent and tonic distilled hamamelis was used locally. The patient improved, and at full term was uneventfully delivered with no trace of varicose condition. The varix consisted of a vascular tumor as large as a black walnut at the anterior border of the ostium vaginæ, while behind the mass and as far up as the finger could be carried, the vaginal wall was corrugated.

3. Dr. Farnum criticises the nomenclature of joint affections as ordinarily used by physicians, such as white swellings, rheuma-

tism, or tuberculosis of the joints, etc. He would name all inflammations in the joint according to the anatomic tissue involved, as synovitis, osteitis, etc. The diarthrodial joints, on account of greater liability to injury and exercise are most often affected. It is generally conceded that most joint diseases begin with injury; they are seldom constitutional; they originate and develop as local troubles, and at all stages they are influenced by the general condition of the system. If there is tuberculosis, rheumatism, gout, syphilis, gonorrhea, septicemia, or pyæmia, these joint affections may take on similar taints. Joint diseases are particularly prone to tuberculosis. The pathologic changes and the symptoms are given and the varieties according to constitutional involvement are discussed. The paper will well repay study.

4. Dr. Ellingwood's paper is reproduced in this issue of the GLEANER.

5. Dr. Halbert reports six cases of oozing tumor of the labia and vaginal walls that have come under his care. He gives a full and excellent description of these so-called tumors, including the microscopic appearance as determined for him by Prof. Hinds, of Lebanon, Tenn. This description is too long for us to repeat, and should be read in the original. Local medical treatment does but little good. Four of his cases were cured by excision; two, in which so much of the vagina was involved as to make it probable that a vaginal stricture might result from excision, were cured by electrolysis.

6. Dr. Ellingwood asserts that hyperemia and congestion are the first steps in either acute or chronic kidney disorders. If physicians will act upon this theory in nephritis following any other severe and exhausting disease, they will be surprised at the prompt results of their treatment. He quotes Baccelli, who writes in a similar strain, but does not endorse his treatment—phlebotic depletion. Dr. Ellingwood treats his cases as follows:

"I have treated five cases of post-puerperal nephritis from sepsis, manifested by profound local congestion and almost complete suppression. In these cases the persistent heat over the kidneys was the principal agent used, the medical agents being auxiliary to this and directed to the special side indications. Moist heat is applied externally, and after a thorough colonic flushing with hot water a full quantity of hot water or of the normal salt solution is put into the bowel every two or three hours, and retained. I have ordered the hot applications to be retained in place from two to three days, in severe

or persistent cases. The effect upon the urinary suppression is the first apparent result. This, of course, is followed by improvement in all conditions. I have found the heart so depressed, in several cases, that I was obliged to use strychnine and digitalis after the first few hours. In acute renal congestion belladonna is almost as valuable as the heat, and these together operate most satisfactorily. Other measures, stimulating or soothing to the renal organs, are sometimes indicated and may be adapted by the judgment of the physician, but the original basic condition, the primary stasis, must receive the most prompt and thorough attention."

7. Dr. Watson's paper is written to warn physicians not to be careless about, or be trapped into, a diagnosis of pregnancy. He divides the symptoms into subjective and objective. The subjective symptoms are of questionable value when presented by a designing individual. Objective signs only are absolutely reliable. From two of these—the only positive signs of pregnancy, viz., auscultation of the fetal heart and ballottement—a diagnosis can not be made before the fifth month. Some claim three months, but he is unable to do so. He reviews the many symptoms familiar to every physician as probable signs of pregnancy, shows where many of them are common to other conditions, and finally closes by directing a proper method of palpation to determine the pregnant state. The paper is a good one and should be read in full.

8. Dr. Fearn directs the following for the cure of tibial ulcers: Cleanse with hot water and asepsin soap; apply hot packs, which will reduce inflammation and allay pain. Then use Prof. Howe's lotion composed of corrosive sublimate, tar water, and distilled witch-hazel. When this penetrates and dries dust with powdered protonuclein special, apply calendula cerate on linen and snugly bandage from foot to near knee. Redress in three days. Nothing has ever given him more satisfactory results.

9. Dr. A. W. Conrad, a colored physician, in an address at a banquet to Booker T. Washington, makes the assertion that the large number of deaths from consumption among colored people is due to the color of their skin, the blacker the man the quicker he dies; on the contrary the less likely he is to suffer from malarial fever, and if he does it is mild. Dark skin and dark clothing, he says, have scientifically been proven to prevent the entrance of certain health-giving rays, in sunlight, such as the chemic or actinic rays, blue rays, and ultraviolet rays, whose germicidal action is beneficial. Honor awaits the colored physician who grasps the situation and acts upon it, he declares.

Vol. XXXIX, No. 2. February, 1906.

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|--|----------------------|
| 1. Orificial Surgery, - - - - -                    | W. W. HOUSER.        |
| 2. Pulmonary Tuberculosis a Curable Disease, - - - | G. J. HYER.          |
| 3. Cerebral Disorders, - - - - -                   | R. P. GRAY.          |
| 4. Oretinism, - - - - -                            | C. A. WATSON.        |
| 5. Alstonia Constricta, - - - - -                  | WM. S. TURNER.       |
| 6. Treatment of Malarial Hematuria, - - - - -      | JOHN ALBERT BURNETT. |

1. Dr. Houser shows the necessity of every general practitioner recognizing the valuable aid that may be derived from orificial surgery. Dr. Physic, he says, called attention a century ago to the reflex diseases traced to rectal pockets, while Sayer, in 1874, wrote upon genital phimosis as a cause of paralysis and reflex muscular contractions. Later, Emmett demonstrated the reflex neuroses resulting from lacerated cervix uteri. The field has since widened. Men strong in the profession have adopted orificial work and now there is a large American Association of Orificial Surgeons. Of the basis of this practice, which is an aid to other forms of healing, he writes:

"It was Dr. E. H. Pratt that formulated the theory that the exciting cause of many chronic diseases is to be found in the orifices of the body. The nervous filaments supplying these parts, being irritated, transmit impulses to the neighboring ganglia, thereby influencing distant organs through the medium of the sympathetic nervous system. By this means abnormal conditions of the orifices of the lower part of the body may be the cause of almost any form of chronic functional or structural disease."

Dr. Houser reports several cases of decided cures after failure with medicines. One case of interest was cured of incident ascites by the combination of an operation upon hemorrhoidal masses and the administration of corn silk and apocynum.

2. Dr. Hyer claims to have perfected a medicinal treatment for pulmonary tuberculosis, cites in detail cases in which it has been effective, and offers to assist any who may desire information upon the subject. He freely makes public his remedy and mode of treatment as follows:

"The remedy I use consists of the following: Take three parts of salicylic acid, one part of the carbonate of gualacol. Reduce the crystals to a liquid without adding anything to them; then take this liquid and add sufficient quantity of that to glycerine to make an ounce, which shall be a fifty per cent solution of the crystals before dissolved. I have already stated that I have administered from five drams to an ounce of the above preparation in eight ounces of water, so that any physician can realize that a patient gets from 120 to 200 grains at least, of the medicine at each treatment. As to method: I

first select one of the small veins in the arm, below the elbow, injecting an anesthetic so as to deaden the pain; then I open down to that vein, raising the vein up slightly and making a small puncture in the vein so I can introduce a small drop tube which I use as a canula. The medicine is contained in a bottle having a syphon for the admission of air with a small rubber tube about five feet long attached, with the glass tube in the lower end. The tube being inserted in the vein, a person holds the bottle up the full height of the rubber tubing, letting the medicine gradually gravitate into the vein, which is taken up into the circulation. The time of introduction requires from about five to six minutes. It must be apparent to anyone who is acquainted with the circulation, that the time taken in introducing the medicine is sufficient for the blood to become thoroughly saturated with it, and for that reason we have a constant application of the medicine to the lung substance, making the lung aseptic, destroying the bacilli, neutralizing fermentation, and thereby stopping decomposition, when the physiological reaction commences to take place. That isn't all. It is well recognized that all tuberculous patients suffer as much from the septic poisoning that is absorbed into the circulation as they do from the disease itself. The medicine, making the blood aseptic as well as the lung, puts the system in a condition to receive the benefit of the nutrition from the food eaten."

A chill, lasting about one hour, followed by perspiration and a fall of temperature and pulse rate to normal, is the invariable phenomenon of this treatment.

3. Dr. Gray voices his belief that mania, melancholy, and dementia are not diseases but are in reality the effects of disturbed and disordered centers. He cites cases to illustrate his opinions and names several remedies, such as arnica, aconite, phosphorus, hyoscyamus, ignatia, and gelsemium, which he employs practically according to their known specific indications in the correction of such disorders.

4. Dr. Watson sums up the important diagnostics of cretinism, and states that while well-defined cases are usually pronounced incurable, all conditions may be improved by good environment, proper hygiene, and attention to specific conditions. The blood should be studied and the relationship of red and white blood corpuscles should be approximately determined. He believes that the nutrition of the nervous and osseous systems should receive the most attention. Salts of iron and calcium and the phosphates are suggested.

5. Dr. Turner believes that we have in *Alstonia constricta* an efficient remedy for the chills of tuberculosis. His use of it has

convinced him that its good effects can not be mere coincidences, and he believes it will prove a useful adjunct in the treatment of tuberculous affections. He administers a No. 2 capsule filled with powdered alstonia every four hours.

6. Dr. Burnett recommends a compound of capsicum, erigeron, scutellaria, and gentian for malarial hematuria, and notes in detail the virtues of each. The best substitutes for these are ginger, cinnamon, cypripedium, and populus. He also revives Alter's claim for *Populus monilifera* as a specific for malaria and malarial hematuria. Sodium hyposulphite, rhus aromatica, and hamamelis are also recommended. Dr. Burnett then descants upon quinine and the various schools of medicine, banking his all upon physio-medicalism, and regarding the other systems of value in proportion to the degree with which they are tinctured with the former.

#### The Los Angeles Journal of Eclectic Medicine.

Vol. III, No. 1. January 1906.

1. Some of the Ideas and Theories of Drug Action, - - - - W. P. BEST.
2. Is Cocaine a Safe Drug to Use Hypodermically? - - - - E. R. HARVEY.
3. Suppuration of the Middle Ear—Diagnosis and Treatment, - J. C. SOLOMON.
4. Navajo Surgery, - - - - J. A. MUNK.
5. Clinical Reports from the Los Angeles Eclectic Polyclinic, - . . . .

1. Dr. Best presents the first installment of a philosophic and historic study or inquiry into the action of medicines other than their so-called physiological effects. The writer has cited a vast array of opinions of past masters in therapeutic lore, gathering a large amount of his data from the great materia medica collections of the Lloyd Library. These studies are comprehensive and of great value. The paper is too full of citations to permit of abstraction without detriment to it as a whole.

2. Dr. Harvey reports poisonous effects from the hypodermic injection of a commercial local anæsthetic containing one per cent of cocaine. The symptoms were nausea, profuse sweating, wide dilation of pupils, weak and rapid pulse, deathly pallor, and unconsciousness. One of the victims became pulseless and apparently ceased breathing. He asks if others have had a similar experience.

3. Dr. Solomon notes that contrary to the views held a few years ago, in which otology was considered only an "appendix of ophthalmology," otology is now on a level with other branches of medicine. He presents an excellent paper noting clearly the symp-



toms and treatment of acute ear diseases. From it we abstract the following:

"The treatment of aural suppurations comprises the acute and chronic otorrhea, for general treatment of which first in order is pure ventilation; faulty ventilation will produce congestion of the head and mucous membrane; overloading the stomach, use of alcohol, and constipation should be avoided as much as possible; absolute rest and strict diet are of great importance; abstraction of blood by leeches applied to the mastoid is a useful measure. Instillation of water as hot as can be borne, or hot vapors are of great value to allay pain; cold solutions should never be used in the ear, however, ice applications around the auricle are sometimes beneficial, but hot poultices are more acceptable to the patient; opium and cocaine locally are of little value. The pain is principally caused by the extreme tension of pus lodged in the membrane tympani and bony walls. Paracentesis under strict aseptic conditions is in order, and will immediately relieve pain. The incision should be made into the posterior inferior quadrant of the membrana tympani. Inflation of air into the middle ear as devised by Politzer's method in this condition should not be practiced on account of the possibility of micro-organisms being forced into the ear. In purulent discharge, proper drainage should be established and the aseptic plug to the drum membrane ought to be changed as soon as it becomes saturated with pus. Irrigation of the ear with hot water at a temperature of 104 or 106 F. with boracic acid, carbolic acid, or corrosive sublimate 1-8000 to 1-10,000 is very beneficial. Peroxide of hydrogen diluted and used warm is also of great benefit. If the discharge is very pronounced, the ear should be syringed every one, two, or three hours, but great care should be exercised, as it may produce attacks of vertigo. In chronic suppuration the inflation and syringing can not be dispensed with. The powder treatment consists of applying boracic acid, aristol, or iodosol, after thoroughly cleansing the meatus. Danger may arise from its careless application, for if the powder is blown upon a small perforation, the pus may be retained, or the powder may become lumpy and stony, therefore injurious. Alcohol if used with care, is of great advantage, especially in those cases associated with swelling of the mucous membrane. I usually begin with a saturated solution of boracic acid in thirty per cent of alcohol, and gradually increase to sixty and even absolute alcohol. Granulations are to be cauterized with chromic acid. Polypi are removed with the cold snare after cocainization. The removal of adenoid vegetations from the naso-pharynx, enlarged tonsils, and nasal obstructions is of the greatest importance in aural treatment. If the suppuration by this method of treatment does not stop it should be ascertained to what extent the middle ear is affected, as the suppuration often attacks ossicles, of which the incus and malleus suffer."

5. Report of a case of albuminuria operated upon successfully by Edebohl's method by Dr. Welbourn. This report publishes a good schematic outline for urinalysis.

# PUBLISHERS' DEPARTMENT.

JOHN URI LLOYD, PHAR. M., EDITOR.

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## CONCERNING STIMULANTS. (No. I.)<sup>1</sup>

(BY THE DEPARTMENT EDITOR.)

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**Responsibility Therefor.**—It has been observed, by one person at least, that some people who do not feel personally concerned, are nevertheless involved more or less deeply in the stimulant industry, and that certain other people who believe the industry to be their sole charge, are less important therein than they imagine. Take, for example, the alcoholics. Many earnest men perceive the part taken by the final handler of these substances, ignoring all that precedes their distribution by the retailer. They do not use liquor, and therefore accept no personal responsibility whatever in the liquor traffic. Upon the contrary, liquor dispensers are prone to view as impertinent the demands of both prohibitionists and the temperance people<sup>2</sup> who believe either in total abstinence, or the temperate use of both liquor and food. And, be it said, the class of people who resist dissipation in its various forms, and deplore the degradation and misery that results from intemperance, comprises the most earnest and the representative citizens of every community. In our opinion, these people are not to be viewed as outsiders. They have an earned right to an active interest in the actual conduct of the liquor business. They can justly, as a part of the business itself as well as of the community affected, demand moderation in the use of intoxicants to the extent of overcoming the evil thereof, and this fact, we believe, is to be readily established.

The liquor and stimulant industry is a complicated structure in which every man, woman, and child in America is concerned. It is not a local affair, as some people seem to believe. Nor is it re-

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<sup>1</sup>This paper will be followed in our next issue with a study of the stimulant Coffee.

<sup>2</sup>We define a temperance man as one not given to dissipation or gluttony.

stricted to a special set of men. It is a national business, depending upon the use of a great many substances contributed by our nation as a whole, and in it the vast energies and resources of the country are largely involved.

Let us, with these introductory remarks, consider briefly the part the American public takes, as a people, in the liquor outreaches, in which the saloonist and the final distributor seem to imagine that the public who do not directly patronize the final distributor have no business interest. Let us see whether the American citizen who asks that one section of the stimulant problem, the liquor industry, be safe-guarded has an earned right to speak, even though he be not the man to finally hand the finished product to the consumer. Taking whiskey as the representative American alcoholic stimulant, let us first see who is responsible therefor.

**The Manufacturer.**—Without a still, whiskey could not be manufactured. The coppersmith, who makes the still, the miner who digs the ore from the earth, the capitalist who furnishes the money, the owners of copper stock, the railroads that transport the still to the distillery and carry away the finished products, make the act of distillation possible. The owners of railway stocks, a large part of whose dividends come directly from the money paid by distilleries, the lumber dealers, the iron and steel industries, the makers of barrels and of bottles, the holders of stock in coal and gas industries that heat distilleries and saloons, and move trains, take therefore an active part in both establishing and furthering the industry. Again, the merchants who supply the workmen at the distilleries and saloons, the landlords, the fire and life insurance companies, the water companies, all these, and the complicated business world connected therewith, participate in the benefits accruing from the money thus put into circulation. They likewise feel the weight of the abuses that follow in its wake, for the almshouses, the orphan asylums, the jails, the hospitals, and the various eleemosynary institutions are filled largely by the victims, direct or indirect, of the whiskey, cocaine, and narcotic drug habit. The courts and the police force, the most expensive part of our system of government, are largely busied in dealing with the crimes that follow in their train. There is scarcely an American dealer, producer, or maker of life's necessities, who does not contribute to the distiller and the brewer, nor is there one who does not profit from the dollars that flow back from the products of the worm, the vine-

yard, or the brew, or suffer from their abuse, although some are necessarily more directly concerned than others.

For example, the farmer is the life of the industry. The copper still, and the distillery, too, would stand idle were it not fed with the millions of bushels of grain that go directly from the farmer to the distillery. Other millions of grain that finally reach the distillery are handled through warehouses, and by grain dealers whose direct responsibilities as aiders and suppliers of the traffic are vital to its existence. About half the barley produced is sold directly to the distillery, the brewery, or the maltster. Without malt, both industries (beer and whiskey) would be at once paralyzed. And it may be remarked, without the demand made by liquor, there would be a very restricted use for barley. The entire liquor industry leans thus against the raisers of barley; its foundation rests on the raisers of corn, rye, and wheat. Have these all-important people no part in safe-guarding their friends and themselves from the ill effects of the industry they make possible? Let us be just; let us not dissemble; let us not evade an issue founded on unquestionable facts. Whoever is concerned in agriculture and its furtherance, whoever supplies any of life's necessities or comforts, physicians who come in at life's birth, preachers who drop the final veil, all, all, participate more or less directly in the American whiskey industry, and have, consequently, a rightful voice in protecting its franchises and in keeping it within restraint.

**The Government's Duty is to Care for Its Citizens.**—But there is yet another side to the subject. It must be remembered that every citizen is a ward of the nation. On the nation's education intelligence, morality, healthfulness, and sobriety, depends its prosperity. It is thus the duty of the nation, as well as of all good citizens, to unite their efforts to preserve both the morality and the health of the individual and the people as a whole. The use of liquor is no more the *wrong* of liquor, than gluttony is the wrong of food. This we believe to be a self-evident fact. Among the very best men in every community are those who believe alcoholics helpful and serviceable, as a comfort, a relish, and as a food. These men, as a rule, agree that excesses and abuses by those who make of them a material for self debasement, are criminal, and as such must be safe-guarded. Others who do not use alcoholics in health, are forced to do so in sickness. This we know from numberless instances that have come personally before us. But such people

are not to be classed with the intemperate, nor do they tolerate dissipation. They believe that those inclined to dissipation should, if possible, be restrained from intemperate excesses. It is a duty the Government (through the State, perhaps,) owes the community and the individual. These are facts in which all persons are concerned. Over these facts it behooves all to fairly and courteously deliberate.

**Liquor is the National Charge.**—Let us again revert to the people's part in the one great national industry of America, and consider its importance and magnitude. The mighty machinery of the Internal Revenue Department of the United States Government is largely devoted to its care. The Government dominates the liquor business of America, and the returns therefrom pay an excessive share of the nation's expenses. It is therefore, where contrary laws do not prevail, a legitimate or at least lawful business, when it is properly conducted. But the *crime* of it is not legitimate, regardless of license. Law neither licenses nor tolerates crime. Whoever holds an office in any Government department is financially concerned in the returns from liquor, but he does not necessarily believe in the evils of intemperance. It matters not whether a person lives in the North or the South, if he partake of the benefit of citizenship, his part in this direction can not be disputed. The shadow of the distillery covers the cottage and the palace. It falls upon the churchman and the publican. The expenses of the Annapolis and the West Point cadets are largely paid by tax or license from the sale of tobacco, whiskey, and beer. The salaries of congressmen, senators, judges, clerks, and laborers, United States ministers, consuls, soldiers, sailors, employees, one and all, come largely from this same tax. The united efforts of the people make this possible; not the efforts of the saloonists who finally distribute the product. This tax helps build navies to defend the country and protect our interests in foreign lands. It helps rear the magnificent buildings in Washington, and support the army and the agricultural department. The deficit each year in the postal department receives its share of the returns. Whoever licks a postage stamp touches the outcome of the distillery. A large part of whatever money is expended by the Government for any purpose whatever, comes thus directly from the internal revenue tax on the liquor traffic. The treasury of the United States is weighted with the coin. In addition, State, county, city, and special taxes are

levied on the returns of the saloonist and the liquor distributors. From these taxes schools profit, and eleemosynary institutions are supported. From them home comforts accrue, and from them the salaries of officers, teachers, etc., are derived. Many people are thus, it will be seen, more directly concerned in the liquor business than the distributing saloonist imagines.

**The Distributor of Liquor.**—Behind the final distributor generally known as the saloonist, stand the aforementioned army of producers who make it possible for liquor to be made. Before him stand the multitude who are to profit from the money that passes back again to the producers, of which the saloonist handles a portion only. The people are in front of him, they are behind him; he is surrounded. He is but one factor in the liquor problem, and perhaps a very unnecessary one at that.<sup>3</sup> He presumes too much when he thinks it impertinent for anyone who is not a dispenser or distributor of liquor to concern himself in the regulation of "His Business." The saloonist's business is, for reasons that apply to no other business unless it be tobacco, the people's charge. He can not even argue that he produces the liquor, for he does not. He can not argue that the tax returns are given by himself to help support the Government, for the tax is taken by the Government from the distiller or the brewer, before the liquor reaches his hands. Probably the larger share of the whiskey tax is derived from whiskey the saloonist never touches. He can not argue that he pays more than do others out of his own pocket for State, city, county license, for he contributes only from what the people put into his hands. The facts are, he simply collects money from the people who patronize him. *They pay the tax, they make it possible for him to profit as he handles their own product.* The saloonist no more pays this great tax himself, than does the importer of foreign goods pay the duty thereon. The *consumer* it is, in either case, upon whom this burden falls, and in many instances, the added tax is made the pretext for an exorbitant increase in price. The greatest consumer is the one most heavily taxed, and the weak victim of his own indulgence is ground between the upper and nether millstones. The toll of the saloonist, a mighty profit, is a contribution the *people* make. Every citizen of America is a part of the liquor

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<sup>3</sup>The saloonist handles but a fraction of the alcoholic distillate. But, as with the Coffee Houses of Europe, when coffee drinking became a dissipation, the *crime* thereof is mostly his responsibility.

industry of America, the least vital, or at least the most dangerous part of which is the reckless or immoral saloonist. None can be relieved of responsibility, likewise none can help suffering from its abuses. Cut off the services of the out-of-sight people, cut off the supplies they directly or indirectly furnish, and there could be neither liquor, a liquor business, nor a liquor problem. Cut off the immoral saloonist, and persistently educate the people to the true status of the alcoholics, and excepting with a few very weak people, and in special communities, the evil of liquor would, in our opinion, gradually disappear. It much behooves the law-loving and law-abiding distributor of liquor to take a cool, temperate view of the saloonist's position. He of all others should unite with other citizens to protect the people against the evil influences of those with whom he is so unfortunate as to be classed. It should be the duty of the Government, the people, and himself especially, to render it impossible for an immoral person or an irresponsible person to get a license to dispense liquor. It should likewise be their common duty to formulate laws that by their enforcement will immediately confiscate the entire plant, and withdraw the license from the man who breaks the law to which he subscribes. And there should be no question concerning the laws or their enforcement.

**Unpleasant Reflections.**—The foregoing statement concerning the public's responsibility and the saloonist's opportunities for evil, is unpleasant in some regards and applies also to other stimulants, and to narcotics as well. Pharmacists may well note this fact, for in some directions they parallel the saloonist. The unwise or immoral distributor of narcotics, be he a graduated physician or a licensed pharmacist, is not less reprehensible than he who deals the drunkard his potion. But this is a subject in itself.

**Corrective Processes Necessary.**—Whoever doubts the necessity of more carefully balancing the traffic in stimulants and narcotics, seems to us to be either unobservant or indifferent. Whoever despairs of the final outcome needs to consider the evils in the mighty problem and have patience and confidence. Let us not forget that coffee was once considered a curse, and that the "Coffee House" was called a "seminary of sedition." The coffee house once paralleled the saloon of to-day, or rather, the *dogger* of to-day. Religions and governments united to suppress the social club coffee-drinking vice, for the users of the drink made of it a vice, to such an extent that the coffee houses where it was sold became places for

the besotting and corrupting of humanity.<sup>4</sup> It was not, however, because of the harmfulness of a cup of coffee that the regulation or the suppression of the coffee houses became a necessity. It was the corrupting influences of the management and the lawlessness of the disciples of the coffee houses. Coffee remains to-day the home-king of all the stimulants. Although often abused, its temperate use with most persons is beneficial, or at least, kindly. It behooves both the prohibitionists, the temperate man, and the opponent of any restriction whatever, to take a lesson from the past record of this now just popular family stimulant-beverage, and to consider the result of one-sided thought or action, of desperate resistance of the people's desires, of dogmatism, passion, and fanaticism. Whoever questions the unselfish human interest of a pronounced prohibitionist as concerns any stimulant whatever, is not less one-sided than is the prohibitionist, if one there be, that believes all persons who use stimulants and narcotics to be evil-doers and law breakers. Both these classes of people may become extremists in their own direction to the abandonment of the dissipated man. Liberty to do right is not license to do wrong. This the saloonist must learn. Between him who condemns everything that some people abuse, and him who claims the right to abuse everything he pleases, to his own and the community's distress, stand a temperate American multitude who believe in the Scriptural injunction to be "temperate in all things." Appreciating their citizenship responsibility and the rights of individuals and communities, the majority of our thinking citizens desire that educational and corrective processes be instituted to teach others to do the same. In the furtherance of this plan, the ultimate *extermination* of "*doggeries*" becomes, in our opinion, an absolute necessity. And to this end, it seems evident that in a time to come, through the wise influence of temperance people, drunkenness and the licentiousness that comes through dissipation, will disappear.

Then, too, the narcotic fiend must likewise be protected against himself. The community must be safe-guarded from the consequences of intemperate self-abuse in all intoxicants, stimulants, and narcotics.

**The Question of License.**—The great American public is soundly temperate. Let the saloonist who claims the privilege of unbridled license for evil beware. He has paid his license and his tax, and he

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<sup>4</sup> See May GLEANER, publisher's department.



argues therefore that *his* business does not concern his *neighbor*. So has the man who handles dangerous explosives paid his taxes, but the law, none the less, requires him to safe-guard these most carefully. The people know that the saloonist has been given no license to prostitute the morals or abuse the confidence of the weak-lings or the dissolute among his neighbors. Nor has he been licensed to inculcate the wrong of liquor dissipation as a beverage, in young people devoid of the blessing of a balanced home teaching. In the neglect of a comprehension of this fact, largely, we believe, lies the wrong in the present saloonist's license. A bond for the protection of a few dollars is required by the clerk who fills a menial civic, or government position. But in our State, at least (Ohio), no security concerning a man's morality or integrity is required of him who gets a liquor license. No bond is given for his acts, either by himself, a bonding company, or his responsible neighbors. The man who has merely the money can get the license. Nor is there, generally, if at all, any penalty for the sale of the impure products he may serve his patrons. Here, too, the people should be safe-guarded. The indiscreet sale of intoxicants and narcotics, impure, compounded, disreputable, by irresponsible citizens to not less irresponsible people, must, by some fair license method, be stopped. And let it again be said, the same applies to him who deals in narcotics and nerve stimulants generally, among which are substances that are neither alcohol, chloroform, cocaine, nor morphine.

**Alcoholics Have Companions—A Plea for Toleration.**—It is a mighty problem, this thing of stimulants, among which coffee is the king, tea the queen, and tobacco the slouchy knave. Wine is the aristocrat, whiskey the cavalier, whilst beer and ale, like two powerful draught horses, work side by side. All are stimulants, but yet they class differently. A stimulant may be either a loving servant or the dogmatic master, as man permits. Stimulants may either contribute to man's comfort, health, and happiness, or they may be the opponents of all. They may elevate thought, inspire imagination, strengthen and invigorate the nerves and the secretions, or they may besot, unnerve, and degrade. This, too, as man permits. The "one idea" man who thinks only of the abuses of some one stimulant, *the stimulant his neighbor uses*, should, in order to be consistent and fair, comprehend what other people, equally as intelligent, think of his idols. Some people from whom we hear much think only of alcohol because its ill effects are so conspicuous.

But there are nervous wrecks, men and women alike, who never use a drop of alcoholic liquor. The slave to morphine is a helpless human derelict, but yet morphine is a godsend to humanity as a whole. The drunkard's lot is far less deplorable than that of the victim of cocaine, although cocaine wisely used is of incalculable value to mankind. The moral law is not corked in a bottle. It is not the discreet use, but the intemperate abuse of a substance, that makes of it an enemy to mankind. One man's sauce may be another man's poison; that which would be a heroic dose to this man may not affect that one. The very comforts of existence to some people are abhorred by others. Salt in excess may be harmful; indiscreetly used, it may produce death, and it has been used to commit suicide. Spices are stimulants, but by over-indulgence, may become very irritating. The man or woman who is not thirsty, and can not resist the craving for a second or third cup of coffee or tea, may be likened to the person who, without thirst, longs for a second glass of beer. But yet neither the second cup of the one nor the second glass of the other may harm either party. Many well balanced men believe that the nervous slave of any narcotic drug, even the subject of such a seemingly mild but yet insidious stimulant-master as coffee or tea, is a mighty dissipator as contrasted with him who temperately takes a glass of wine or beer with his other foods, or drinks the one no more lavishly than the other. Such men have a right to their opinions, providing they do not intrude on the privileges of other people, equally as temperate, who may justly differ with them.

Surely the slave to tobacco in excess is possessed by a nerve-wrecking habit that in some respects is even more deplorable than the craving for a glass of wine. Filthier than the liquor habit, tobacco is to many people scarcely less offensive than the odious onion breath. We have seen a man violently assail the principles, and even the morality, of one who took a teaspoonful of alcohol in the form of a glass of wine, but yet brazenly smoke cigar after cigar until he could not sleep. Such a man presumes to puff the combination of breath and smoke into his neighbor's face, and yet claims the privilege of throwing stones through his neighbor's windows. Let him think of his own combination breath, and be tolerant of his friend.

Men there are who drink coffee until by its abuse they count the hours as the clock strikes, the night through, whilst temperate

men whose supper includes a glass of wine sleep soundly and arise refreshed. Peevish women enslaved by the influence of the Oriental queen, tea, that stimulates but does not intoxicate, are unaware of the fact that they may be constitutionally in a more deplorable condition than one stupified by alcohol. When morning comes they crave their stimulant before they arise, and perhaps touch no food until they have quieted their trembles with a potion from the Eastern cup.

All these things, and others too, arise before one who broadly and yet kindly thinks without prejudice of man's responsibilities in the problem of food and drink, stimulant and narcotic. In it all lies man's inherent right, and his bounden duty to be "temperate in all things," and teach temperance as should a member of a complex civilization in which every citizen takes a part, and in which those with or without motives in their eyes should exercise toleration for the differences in education or lack of education, as well as distinctions in taste and environment, of themselves and others. The question is, not how can we suppress our neighbor's pleasures and comforts, not how can we force him to be as are we in taste, recreations, rest and work, but, how can we both teach our neighbors and educate ourselves, to be fair in a field where the widest differences socially and educationally exist, where all men are involved, and where toleration is demanded by one for another?

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## CONCERNING BOOKS.

By H. W. FELTER, M. D.

The GLEANER is glad to announce that *The Eclectic Practice of Medicine*, by Rolla M. Thomas, A. M., M. D., Professor of Principles and Practice of Medicine in the Eclectic Medical Institute, is just off the press and is now on sale. Owing to the lateness of its issue it will be reviewed in the May GLEANER. From the advance sheets which it has been our pleasure to examine, we are confident that the work will not only meet with the generous approval of the Eclectic profession, but will be a welcome addition to the literature of medicine as a whole. That it is strictly Eclectic is in evidence in every page of treatment. It will embrace more than 1,000 octavo pages, two full-page lithographs, six full-page color-prints, and nearly fifty illustrations in black. (Cloth, \$6.00; sheep, \$7.00. Scudder Brothers Company, 1009 Plum Street, Cincinnati, O.)—The manner in which physicians and students go about it to make physical examinations of infants and children is gen-

erally awkward, if not ludicrous. This will be more forcibly brought out if you compare such methods with those laid down and bountifully illustrated by good half-tones in "The Physical Examination of Infants and Young Children," by Theron Wendell Kilmer, M. D. (12mo, pp. 86; 59 half-tones. Extra cloth. Price 75 cents net. F. A. Davis Co., 1914-16 Cherry Street, Philadelphia, Pa., 1906.) It is a small book, eminently practical and clear, and occupies a field usually slighted in works on pediatrics. It is invaluable, and we hope the publishers will issue more of its class.—The necessity for compends in medicine is still evident by the enormous sales of the *Quiz Compend Series* of Blakiston's Son & Co., Philadelphia. Among the popular ones of this class is "A Compend of Diseases of the Skin," by Jay F. Schamberg, A. B., M. D. (4th edition, revised and enlarged; pp. 299; 108 illustrations. 1905. Price \$1.00.) Upon comparing this work with larger ones upon the subject, it is remarkable how faithfully and fully the author has condensed the real essentials into this volume of 300 pages. In fact it is a little text-book and ought to be of great service to the student and physician alike. The illustrations are unusually clear and selected for utility rather than for rarity. Chapters on Actino-therapy and Radio-therapy have been added in this edition.—We have long contended that chemistry for the doctor should differ from that required in other branches of science, after the principles, which are common in all, shall have been mastered. We are glad to note that one author at least defends this ground and shows the necessity for text-books on chemistry designed for medical students exclusively. This author, Dr. Henry Leffman, has given us the 5th edition of "A Compend of Medical Chemistry," prepared with the necessities of the medical student in mind (pp. 200. Price, \$1.00 net. Blakiston's Son & Co., Philadelphia, Pa., 1905). This work treats of clinical chemistry, including the examination of stomach contents, milk, analysis of urine, and antidotes to common poisons. In his preface he gives logical reasons for the existence of compends, which appeal to our judgment as sound.—Methods of diagnosis are receiving more and more attention, and in recent years so voluminous has the subject become that we find that several special works on diagnostics alone have been deemed a necessity. One of the best of these, in point of brevity, good arrangement, and the inclusion of fragmentary and unelaborated notes, in addition to fuller diagnostic accounts of the better known diseases, is "Differential Diagnosis and Treatment of Disease," by Augustus Caillé, M. D. (pp. 867; 228 illustrations. D. Appleton & Co., New York and London, 1906.) Brief outlines of treatment are included. Many special chapters on topics not generally included in general text-books on medicine, such as Technique of Diagnosis and Laboratory Aids, on Pædiatrics, the various specialties on the diseases of the osseous, muscular, and joint systems, on nutrition and diet, management of dropsy and effusion, on massage, vibration, dry hot air treatment, poisons, and anæsthesia. Excellent illustrations assist the text, and the special chapter on Orthopædics is contributed by Dr. Jaeger. The book is an excellent addition to the working library of the

general practitioner, revealing to him many of the methods formerly at the command of the specialist alone.—When a book devoted to one branch of the great field of medicine has passed its fiftieth thousand in sales there is surely something in it to commend it to the consideration of practical physicians. This is the enviable record of "*Diseases of Infancy and Childhood*," by L. Emmett Holt, M. D., Sc. D., LL. D. (3rd edition, revised and enlarged; pp. 1,174; illustrations, 241, including 8 colored plates. D. Appleton & Company, New York and London, 1906. Price, cloth, \$6.00 net.) In this medical classic alterations have been made in almost every chapter and the value of illustrations has been recognized in the addition of several new half-tones and colored plates. The principal changes in this edition have been made in the articles on Examination of the Sick Child; Hypertrophic Stenosis of the Pylorus, Diarrhoeal Diseases and Dysentery, Vaginitis, Cerebro-spinal Meningitis, Mental Defects, Chondro-Dystrophy, Status Lymphaticus, and Diphtheria. Some of these chapters appear for the first time, thus absolutely keeping up with the trend of modern medicine. No physician who makes any pretense to the practice in diseases of children should fail to own a Holt.—The marvelous advance in the recognition and treatment of aural affections in the last few years has resulted in an enormous amount of scattered literature relative thereto. The value and expediency of a single work upon this subject has been recognized and acted upon by Seymour Oppenheimer, M. D., in "*The Surgical Treatment of Chronic Suppuration of the Middle Ear and Mastoid*." (pp. 425; 46 half-tone plates containing 64 figures, 27 key-plates, all original. Price, \$6.00. P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia, Pa., 1906.) In point of book maker's art this is one of the finest issued from the medical press. Of light-weight, thick paper, large type, and exceedingly beautiful half-tones, it is a work of art as well as of immense value to science. Every detail of aural disease from the simplest to the gravest, is thoroughly considered, and over one-half of the volume is devoted to the simple and radical mastoid operations. Intracranial complications are fully considered also. This book will supply the physician with all necessary data concerning aural and mastoid diseases, and will be invaluable to operators for the relief of these serious affections.—Who has not long known and admired the admirable work on "*The Practice of Medicine*," by James Tyson, M. D. (4th edition, revised and enlarged; pp. 1,305; 240 illustrations, including colored plates. Price, \$5.50 net. Cloth. P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia, Pa., 1906.) The fourth revised and enlarged edition is just from the press, and it includes the work of Professor Tyson in numerous minor changes, insuring accuracy, up-to-dateness, and completeness of topics considered. The most important changes have been made in the section on Animal Parasites,—the work of Dr. Allen J. Smith, a recognized authority on this subject and a colleague of Dr. Tyson. This section is thoroughly illustrated and is the best and fullest on the subject that is to be found in text-books on general practice. There are books and books upon the practice of medi-

cine, all containing about the same facts, but it largely depends upon how these facts are presented as to whether the reader will grasp the full meaning of the text. One of the charms of this book is its directness and the evidence of the personality of the author running through its pages. The historic notes are valuable, and the book should be a part of the library of physicians of whatever creed.—“Refraction, Including Muscle Imbalance and the Adjustment of Glasses,” by Royal S. Copeland, A. M., M. D., and Adolph E. Ibershoff, M. D. (pp. 144; illustrations, 79. Boericke and Tafel, Philadelphia, 1906. Price, \$1.50 net, postage, 9 cents), is the title of one of the best books of the season. It covers a field beset with difficulties made worse confused by the “meshes of a multiplicity of diagrammatic cobwebs,” as ordinarily presented, thus rendering the study of refraction and its errors the most uninviting. These authors have recognized these breakers and steered clear of them. They have divested the work, as far as possible, of “such theoretical demonstrations, logarithmic computations, and minor technicalities” not deemed absolutely essential to a thorough comprehension of refraction. This book deserves a large sale as it presents the topic in the simplest manner of any work on the subject we have examined.—The delicacy of sex problems has led, in recent years, to a sharp discrimination in the books upon the subject that may be safely put into the hands of even the medical profession. The study is one that should be undertaken only by profound thinkers and unbiased investigators. A recent work by Hugh Northcote, M. A., is a contribution to Christian sociology, with which no fault can be found. It is scholarly, Christian in spirit, and scientific. The title is “Christianity and Sex Problems.” (pp. 257. Crown octavo; extra cloth. Price, \$2.00 net. F. A. Davis Company, 1914-16 Cherry Street, Philadelphia, Pa.) It is an admirable defense of the Christian idea of marriage, and the sanctity and wholesomeness, physically and psychically, of the sexual relations.—From great-grandparents to great-grandchildren is the longevity record of the great Webster’s Dictionary. This work is now out in a new edition entitled “Webster’s International Dictionary of the English Language,” being the authentic edition of *Webster’s Unabridged Dictionary*, comprising the issues of 1864, 1879, and 1884, thoroughly revised and much enlarged, under the supervision of Noah Porter, D. D., LL. D., with a voluminous appendix to which is now added A Supplement of twenty-five thousand words and phrases. W. T. Harris, Ph. D., LL. D., editor in chief, Springfield, Mass. G. & C. Merriam Company, 1906. This edition contains a new and thoroughly revised Biographical Dictionary and Gazetteer of the World. This great work leaves nothing to be desired. It is the favored one of statesmen, jurists, business men, and educators. Its definitions are full, yet short, crisp, and to the point. Words are easily found by means of the splendid type employed. Its system of pronunciation is the best extant. Its illustrations are apt and well distributed to elucidate the definitions. They are also gathered into groups in the appendix to illustrate the special sciences. Thus all the figures of plants are grouped under Botany, etc.

The growth of our language by means of technical and trade names, coined words, new words arising from new social conditions, slang, etc., all require the frequent reissuing of dictionaries. This has all been taken into account in the 238 pages of supplement representing 25,000 new words. Webster's International is preferred by us as the most practical dictionary of the English language.—Practical, terse, entertaining, and easily remembered, are the contents of one of the best books on the necessary study of bacteriology, viz.: "**A Manual of Bacteriology**," by Herbert U. Williams, M. D., revised by B. Meade Bolton, M. D. (4th edition, revised and enlarged; pp. 357; 108 illustrations. Price, \$1.75. P. Blakiston's Son & Co., Philadelphia, Pa., 1905.) We can not conceive of a better book on the subject for the student, and the busy practitioner will find it a good and ready remembrancer and very interesting reading. The price brings it within the reach of all.—Aside from delightful stories and correct fashions, the February "**Delineator**" presents excellent articles on "Old Time Lights," by N. Hudson Moore; "The Rights of the Child," by Dr. Grace Peckham Murray; "Some Heroines of Shakespeare," by their Impersonators (Rosalind in this issue by Henrietta Crosman); and "In Cairo with a Camera," by Horace Wyndham. These papers are extremely interesting, while the articles in the department entitled the "Kitchen" are among the most useful and sensible appearing in current magazines. There is much food for doctors in the Delineator.

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### ECLECTIC MEDICAL SOCIETIES.

**National.**—President, J. Paul Harvill, M. D., Nashville, Tenn.; Secretary, Finley Ellingwood, M. D., Chicago, Ill.; Corresponding Secretary, H. Hugh Helbing, M. D., St. Louis, Mo. Next meeting at Put-in-Bay, Ohio, June 19, 20, and 21, 1906.

**American Eclectic Materia Medica Club.**—President, Frederick Wallace Abbott, M. D., Taunton, Mass.; Secretary, Arthur Weir Smith, M. D., 748 South Spalding Ave., Chicago, Ill. Next meeting at Chicago, Ill., June 22, 1906.

**Arkansas.**—President, W. M. Allison, M. D., Bee Branch; Secretary, J. L. Vail, M. D., Little Rock. Next meeting at Little Rock, May 9, 1906.

**California.**—President, H. W. Hunsaker, M. D., San Francisco; Secretary, Benjamin Stetson, M. D., Oakland; Corresponding Secretary, G. H. Greenwell, M. D., San Francisco. Next meeting at San Francisco, May 22, 23, and 24, 1906.

**Connecticut.**—President, George B. Bristol, M. D., Middlebury; Secretary, George A. Faber, M. D., Waterbury. Next meeting at Allyn House, Hartford, May 8, 1906.

- Georgia.**—President, J. H. Powell, M. D., Atlanta; Secretary, L. F. Bugg, M. D., Madison; Corresponding Secretary, George A. Doss, Atlanta. Next meeting at Atlanta, March 26 and 27, 1906.
- Illinois.**—President, Henry E. Whitford, M. D., Chicago; Secretary, William E. Kinnett, M. D., Peoria; Corresponding Secretary, William J. Pollock, M. D., 748 West Chicago Ave., Chicago. Next meeting in Auditorium Annex, Chicago, May 9, 10, and 11, 1906.
- Indiana.**—President, Morse Harrod, M. D., Fort Wayne; Secretary, O. B. Nesbit, M. D., Valparaiso; Corresponding Secretary, L. B. Shewman, M. D., Waymansville. Next meeting at Marion, May 22, 23, and 24, 1906.
- Iowa.**—Data to be supplied.
- Kansas.**—President, R. O. Rhodes, M. D., Topeka; Secretary, E. B. Packer, M. D., Osage City. Next meeting at Topeka in May, 1906.
- Kentucky.**—President (acting), L. J. Poe, M. D., Butler, Ky.; Secretary, Lee Strouse, M. D., 25 East Fourth St., Covington; Corresponding Secretary, W. Leming, M. D., 165 East Main St., Lexington. Next meeting at Louisville, probably May 4 and 5, 1906.
- Maine.**—President, Alfred Horace Flower, M. D., Boston (Mass.); Secretary, Frank Winchester Snell, M. D., Dennysville. Next meeting at Portland, May 23, 1906.
- Massachusetts.**—President, Davis P. Borden, M. D., Paterson, N. J.; Secretary, Pitts Edwin Howes, M. D., 708 Washington St., Dorchester District, Boston. Next meeting at Boston, June 7 and 8, 1906.
- Michigan.**—President, W. H. Snyder, M. D., Hastings; Secretary, F. B. Crowell, M. D., Lawrence. Next meeting at Detroit, May 9 and 10, 1906.
- Missouri.**—President, D. S. Meredith, M. D., Cowgill, Mo.; Secretary, George E. Krapf, M. D., 8407 South Jefferson Ave., St. Louis, Mo.; Corresponding Secretary, J. J. Link, M. D., 910 Louis St., St. Louis. Next meeting at St. Louis in May, 1906.
- Nebraska.**—President, W. N. Ramey, M. D., Lincoln; Secretary, S. J. Stewart, M. D., Fraternity Building, Lincoln. Next meeting in Lincoln Medical College, Lincoln, May 8 and 9, 1906.
- New England.**—President, Frank Winchester Snell, M. D., Dennysville, Me.; Secretary, Sylvina Apphia Abbott, M. D., 72 Broadway, Taunton, Mass. Next meeting at Preble House, Portland, Me., May 23 and 24, 1906.
- New Hampshire.**—President, Alonzo D. Muchmore, M. D., Plymouth; Secretary, Walter H. True, M. D., Laconia. Next meeting at Laconia, June, 1906.



**New Jersey.**—President, D. P. Borden, M. D., Paterson; Secretary, G. E. Potter, M. D., 87 Halsey St., Newark. Next meeting at Newark, May 28, 1906.

**New York.**—President, Wm. J. Krausi, M. D., New York City; Secretary, Earl H. King, M. D., Saratoga Springs; Corresponding Secretary, George H. Boskowitz, M. D., 140 West 7th Street, New York City. Next meeting at Albany, March 7 and 8, 1906.

**Ohio.**—President, Bishop McMillen, M. D. (Shepards), Columbus; Secretary, J. P. Harbert, M. D., Bellefontaine; Corresponding Secretary, J. J. Sutter, M. D., Bluffton. Next meeting at Columbus, May 1, 2, and 8, 1906.

**Oklahoma.**—President, W. T. Ray, M. D., Kelly; Secretary, E. G. Sharp, M. D. Next meeting at Oklahoma City, May 10, 1906.

**Pennsylvania.**—President, C. L. Johnstonbaugh, M. D., Bethlehem; Secretary, Nannie M. Sloan, M. D., Latrobe; Corresponding Secretary, Kimmel Rauch, M. D., Johnstown. Next meeting at Johnstown, June 5, 6, and 7, 1906.

**South Dakota.**—President, A. W. Hyde, M. D., Brookings; Secretary, W. E. Daniels, M. D., Madison. Next meeting at Madison. Date not fixed. Expect to hold joint session with Homeopathic State Society.

**Tennessee.**—President, J. W. Pruett, M. D., Only; Secretary, Benjamin L. Simmons, M. D., Granville; Corresponding Secretary, A. L. Daniel, M. D., Lobelville. Next meeting at Nashville, 1906. Date not set.

**Texas.**—President, Jason Tyson, M. D., Santa Anna; Secretary, L. S. Downs, M. D., Galveston; Corresponding Secretaries, Mrs. D. B. Tucker, M. D., Flatonia, J. P. Rice, M. D., San Antonio, and P. A. Spain, M. D., Paris. Next meeting at Fort Worth, October 9, 1906.

**Vermont.**—President, James Washburn Marsh, M. D., Manchester Center; Secretary, Percy Lee Templeton, M. D.; Corresponding Secretary, Herschel N. Waite, M. D., Johnson. Next meeting in State House at Montpelier, June 6 and 7, 1906.

**Washington.**—President, G. W. Overseeyer, M. D., South Bend; Corresponding Secretary, R. O. Ball, M. D., Tacoma. Next meeting September 19, 1906; place not yet selected.

**Wisconsin.**—President, W. S. Blunt, M. D., Waupun; Secretary, J. V. Stevens, M. D., Jefferson; Corresponding Secretary, F. P. Klahr, Horicon. Next meeting May 22, 1906; place not yet determined.

**West Virginia.**—President, J. A. Monroe, M. D., Wheeling; Corresponding Secretary, L. S. Yost, M. D., Amos. Next meeting at Wheeling, third Tuesday in May, 1906.





WALTER BURNHAM, A. M., M. D.

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## EDITORIAL.

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**WALTER BURNHAM, A. M., M. D.**—Within a century have been given us the greater of the great inventions which have marked the wonderful industrial and commercial progress of the world. To the century but just completed belongs also the most astounding advances in science and scientific technique that the human race has ever witnessed. In one department of science alone have greater achievements been won than in all the preceding ages. In this field—that of surgery—no one is deservedly more conspicuous than he who attained his zenith while active in the formation of the Eclectic school of medicine. Had Walter Burnham allied himself early with the dominant school, unnumbered honors would have been showered upon him. But not until death had closed his career was any adequate approach made to accord him a deserved and honored place in medical history. No one contributed more than he to the development of American surgery. As time passes

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\* For portrait of Dr. Burnham, together with data, the writer is indebted to Mrs. Stella Burnham Perkins, of Lowell, Mass., daughter of Dr. Walter Burnham. This rare portrait is a copy of a much-prized family daguerreotype, taken about 1866, and is considered an excellent likeness. We believe this to be the first time a portrait of Dr. Burnham has appeared in an Eclectic publication. For the surgical record we are indebted to Dr. Henry P. Perkins, Jr. (Harv.), Dr. Burnham's grandson and for some years his assistant, from whose paper, titled, "Three Hundred and Thirty-Eight Cases of Abdominal Section in the Practice of Dr. Walter Burnham, Lowell, Mass., with a Brief Report of His Life and Methods" (Reprinted from *Annals of Gynecology*, Boston, May, 1888), he has kindly furnished us. Credit is also due to Dr. John C. Irish for data concerning Dr. Burnham's position among the world's surgeons, and to Dr. Alexander Wilder's "History of Medicine" for a portion of his career as an Eclectic teacher and organizer.

and prejudices are overcome, then will he be enrolled one of the great surgeons of the world. That Walter Burnham was very prominent in early Eclecticism may be news to some of our readers. It was this that militated against the recognition of his great achievements. When at the very height of his phenomenal career he occupied the position of President of the National Eclectic Medical Association.

Walter Burnham was born in Brookfield, Orange County, Vermont, January 12, 1808, the son of Dr. Walter and Submit (Smith) Burnham. He died of gastritis at his home in Lowell, Massachusetts, January 16, 1883, his death being the ultimate result of an injury sustained his left elbow, due to falling from a train at Elmira, N. Y., in 1879, and necessitating amputation the following year. Dr. Burnham was the son and grandson of doctors, and his ancestors numbered members of the Massachusetts Bay Colony, of the founders of Northfield, and of Connecticut. He had the usual country school education of the early years of our republic, supplemented with higher training at Castleton, Vermont, and in the University of Vermont. He read medicine with his father, Dr. Walter Burnham, Sr., and his brother, Dr. Z. P. Burnham. It was his good fortune, when a boy, to hear his brother's preceptor, the celebrated Dr. Nathan Smith, the second American ovariologist, relate to Dr. Burnham, Sr., while on a visit to the latter's house in 1823, an account of his operations of ovariectomy. This undoubtedly determined the course that led to his subsequent fame. Young Burnham finished his medical preliminaries by graduating from the medical department of the University of Vermont in 1829. Settling for practice in Guildhall and subsequently in Barre, both in Vermont, he continued to add to his professional stock by giving much attention to anatomy and to the post-mortem characters of tumors. On February 8, 1831, he was united in marriage with Annis, daughter of the Hon. Theophilus Crawford, of Putney, Vermont. Five children, three of whom are still living, blessed this union. In 1846 he removed to Lowell, Massachusetts, where, barring the time he served in the Civil War, he resided for thirty-six years. Here his eventful career began. He served on the Lowell School Board in 1852, '53, '57, '58, '72, and '73. From 1855 to 1859 he served two terms in the General Court of Massachusetts, as the legislature of that commonwealth is called. During this service he introduced, and was instrumental in having passed, the

Anatomy Bill, authorizing the dissection of the pauper dead. This bill, with few, if any, modifications, is now a statute law of the State. In 1862, Dr. Burnham went to the seat of war as surgeon of the Sixth Massachusetts Volunteer Infantry and saw active service. Of his army medical record he was especially proud. In a nine months' campaign there were lost but thirteen men from sickness out of a regiment of a full thousand, though all were exposed the whole period to the miasmatic air of the great Dismal Swamp of Virginia. He remained the surgeon of his regiment until he resigned in 1870. Dr. Burnham was an Episcopalian and a thirty-second degree Mason.

In 1839, ten years after his graduation, he made ready to perform an ovariectomy, but fortunately for his reputation, the patient suddenly expired on the night before the day set for operation. Continuing his studies upon abdominal tumors, about which little was then known, he finally, in August of 1851, performed his first ovariectomy. This was at Bramford, Connecticut, upon a young woman of twenty-six years. From her he successfully removed a growth of four years' duration, weighing fifteen pounds. The tumor was impacted in the true pelvis, and the intestines were obstructed. The growth is described as a dermoid cyst in the left side, containing hair, teeth, and bones. Thus emboldened, he operated again, in February, 1852, at Meriden, Connecticut, on another young woman, with a fatal result. This case brought upon him a storm of abuse lasting for several years. After six more successful operations, another fatal issue occurred in September of 1854, from an exploratory operation. Again was this the signal for attack, so great was the enmity of physicians against his irregularism and the antipathy to ovariectomy. Even in his first case this antipathy, added to a large degree of personal prejudice, was the incentive to provoke criminal legal proceeding against him should the patient die. On two occasions his "Barbarity under the name science," led to threats of prosecution for manslaughter, recovery of the patients forestalling his designing prosecutors; and once was he actually arrested in Canada only to be immediately released. It is said a leading New York surgeon, who taught his classes that not over one per cent of ovariectomy cases could prove successful said, in 1855, that "he regretted Burnham's success, for other men would be tempted to make an unjustifiable operation." Up to Burnham's time, besides the work done by Ephraim McDowell, there had been

so far as known, but thirty-two ovariectomies performed and these by something like two dozen surgeons, but few of whom ever did more than one operation. The bulk of them had been made by Nathan Smith. So disastrous had been the results that at no time had the procedure rested under a darker cloud of disfavor since the days of McDowell, and the almost universal sentiment of the medical world was opposed to this form of abdominal surgery. Dr. Burnham may, therefore, be regarded the pioneer in the revival of this now well accepted form of surgery, for within five years he had performed twenty ovariectomies with but three fatalities. From first to last (1881) he made two hundred and eighty-one (281) completed ovariectomies. But even greater distinction is due him. On June 26, 1853, operating under a mistaken diagnosis he found instead of merely an ovarian tumor, an accompanying interstitial uterine fibroid, and with his characteristic judgment at once resolved to remove the uterus and its appendages. This he did, and this was the first time in modern surgical history that a successful double ovariectomy and hysterectomy had ever been performed. This occurred at Lowell, Massachusetts. The woman was unmarried, thirty-eight years of age, and the diseased structures weighed fourteen pounds. The woman was still living in 1884. To this pioneer Eclectic surgeon, therefore, the present established position of ovariectomy and hysterectomy are deeply indebted. A year before his death, Dr. Burnham, then having but one arm, successfully removed a large ovarian tumor in the presence of several physicians, all of whom testified that it was as dextrously done as any two-armed surgeon could have performed it.

Dr. Burnham's record in grand total of abdominal sections stands: Completed ovariectomies, 281; recovered, 230; died, 57; hysterectomies, 15; recovered, 3; died, 12; partial removal of ovarian and uterine growths, 13; recovered, 7; died, 6; exploratory operations, 27; recovered, 10; died, 17; omental tumors, 2; recovered, 2. Percentage of recoveries, 74.5 per cent. For the times, the limited knowledge concerning abdominal tumors, and the circumstances under which these operations were performed, these results are most remarkable. It is not fair, however, to compare this record with that of the laparotomist of to-day. Burnham's rule was to operate upon all cases, even though the patient's condition seemed desperate, therefore his were not selected cases. His operations were performed under all circumstances, in the homes of the

rich and in the hovels of the poor. Many of those who died, died through no fault of his. Anæsthesia and antiseptics were in their infancy. In almost every instance was it necessary to leave the patient's after-care to untrained nurses and the ordinary physicians. Tumor diagnosis was but little defined in those days, and he had to work out the distinctions for himself. Dr. Perkins says of him: "He was a bold operator, fertile in resources to meet unexpected complications, and possessed that requirement for good surgery, very exact anatomical knowledge." Chloroform was his early anæsthetic, he never used mixtures, but in later practice began with chloroform and finished with ether. In 1853 he used alcohol dressings as the antiseptic; after 1855 he used diluted creosote in a few cases, and for some years Labarracque's soda solution; during the Civil War period he employed potassium permanganate; after 1865, impure carbolic acid. He never abandoned the latter. A noted surgeon has said: "He was fifty years ahead of his time in surgical cleanliness." He never had confidence in mercuric chloride, fearing its poisonous action. His after-medication, except where stimulants were needed, consisted in small doses of morphine sulphate. His early success in hysterectomy led him to believe it good practice, but after 1876 he abandoned this operation which had gained him greatest fame, as a dangerous and unsatisfactory procedure. Altogether he performed fifteen hysterectomies with but three successful issues.

While Dr. Burnham was first and foremost a gynæcological surgeon, he did much work in general surgery. Among his successes were two cases of ligation of the common carotid, and another in which, having shortly before ligated the right external carotid, he ligated the left for the relief of a malignant tumor of the jaw, the growth being much retarded thereby. His knowledge of anatomy was considered remarkable and his services as an medico-legal expert were frequently sought.

Dr. Burnham was not one to be held in the narrow guage of prejudice and bigotry. He early objected to the domineering course of the dominant school, and, believing that better remedies were in use outside of the rank and file of that body, he allied himself with the Botanica. About the middle of the century we find him president of the Bay State Medical Reform Association, and joining forces with the organizers of the Worcester Medical Institute, then variously denominated a botanico-medical or physio-



medical institution. Here he served a portion of the time as dean, and from 1850 to 1857 as professor of surgery and operative midwifery. The reformers now took the name Eclectic, and we find Dr. Burnham submitting a report to the National Eclectic Medical Association, at its fourth annual meeting at Philadelphia, recommending the formation of State Eclectic Medical Societies in all the States, the furthering of auxiliary district societies, and the appointing of delegates from them all to the national (Wilder). Remarking that as it was the policy of the regulars to fight everybody else, "he insisted that reformers ought now to join in one solid phalanx to fight the Allopathic school" (Wilder). In 1854 the National met at Worcester, and Dr. Burnham, then in the zenith of his surgical fame and with no superior in America, was elected president. The passage of a resolution by the National, upon a report by Dr. Burnham, recommending trustees of colleges to admit women to practice medicine, "was the first act of a general body of physicians to sanction the instruction of women in medicine" (Wilder). Dr. Burnham also lectured in the Pennsylvania Medical Institute, and was appointed to the chair of surgery in the Cincinnati College of Eclectic Medicine and Surgery, but did not serve. Dr. Burnham prepared many young men for a surgical career. Among them was Dr. Andrew Jackson Howe, the most distinguished Eclectic surgeon of his day.

Dr. Burnham's great life-work was destined to be gynæcologic surgery. To do such work, in that day, required every possible advantage. It must be remembered that the early Eclectics were often at war with each other. They were as yet imperfectly organized, the national leaders were not harmonious, and the hand of the medical world was against them. The surgeon must have the aid and co-operation of the physician. The Reformers and the early Eclectics had an unreasonably strong antipathy to the knife. These considerations alone, however, would not have influenced one of Burnham's mould. His patients had to be considered, however, and he was compelled to cast his lot where he could be aided in his great and new field of work. He had been at the head of the National and was also president of the Massachusetts Eclectic Medical Society. He now withdrew from the Eclectic organizations and joined the Massachusetts Society (regular) and the American Medical Association. In a personal letter his daughter informs us that he rarely attended medical meetings, and that to her belief he al-

ways remained an Eclectic. The reasons for his ceasing to labor with the Eclectics is thus told by Dr. Wilder (*History of Medicine*, p. 309), and who can say, that at the time and under the circumstances he was not justified in his course?

"This extraordinary operation, with the wonderful recovery, was announced to the entire medical profession in the various publications, as opening a new field for gynæcologic surgery. The illustrious operator was lauded everywhere for his successful achievement, and his name was in a fair way to become as famous in profession circles as that of Hunter, Paré, or Desault. It transpired, however, that he presided at meetings of physicians of the Reformed School, and had actually been elected president of the National Eclectic Medical Association, at its annual session at Worcester, in 1854. Then all was changed, and his skill and success were consigned to a significant silence. His patients were made to suffer; it was unethical to take charge of them, and they were liable to be left to linger, and even to die, uncared for. Such was the bigoted partisanship of the members of a profession claiming to be scientific, in a country boasting of liberal institutions and an advanced Christian civilization. Under this condition of things, Professor Burnham became again a member of the Massachusetts Medical Society."

Dr. Burnham was tall and of dark complexion, and is described as a man of unusual decision of character, honorable, blunt, and outspoken in his professional relations. He was a man of extensive research, careful observation, boundless charity, and remarkable insight. No one could long deceive his keen and piercing eye. He was one of the most loving and lovable of men and was especially kind and helping to the young in the profession of medicine, by whom he was greatly beloved. Dr. Wilder records of him: "Walter Burnham attained his celebrity by his skill and the good fortune which attended him. He was a lover of his kind, upright and conscientious, and in no way fool-hardy, vain, or conceited. He made no boast of what he accomplished, nor was he ever eager to perform an operation. He acted from conviction, believing that every case of the kind was certain otherwise to go on sooner or later to a fatal termination, and assured from actual experience that the procedure was far less dangerous than had been apprehended. At the same time, however, he declared it to be one of the most dangerous operations which a surgeon is called upon to perform."

Eclecticism gave Walter Burnham to surgery. The relief of thousands of suffering womankind is her recompense.

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#### **A BUDGET OF SUMMER DISORDERS AND DISASTERS.—**

Counting out the serious gastro-intestinal affections of the young, there is usually less illness of an alarming type in the summer than during the winter season. Notwithstanding the delights of summer there are ailments which may be said to be almost peculiar to the warmer seasons and some of these are engendered mainly through the enjoyment of those delights. We can, we believe, with propriety and with greater advantage, occasionally step down from the heights where we have been considering only the great devastating epidemics and tread in the low grounds of the great field of medicine and spend some time considering some of the less read about and less fatal disorders and accidents which go to make up the budget of summer complaints and disasters. Thus the doctor encounters during the spring and summer months conditions he seldom meets at other times of the year. The varying conditions of heat and coolness, the ingestion of vegetable and often tainted food, the habit of attempted cooling by means of ice-water and ices, the emanations from noxious plants, and the summer sports play their part in the production of disorders and accidents almost peculiar to this season of the year. Let us glance at a few in the following groups: (1) Gastro-intestinal—cholera morbus, dysentery, and ice-water dyspepsia; (2) summer rashes—urticaria, rhus poisoning, prickly heat, and food rashes; (3) accidents and injuries—bites of dogs and insects, cuts and tears from barbed wire fences, punctures from thorns, and drowning. This group takes us from simple to grave problems, but even in all the practitioner may benefit by refreshing his memory concerning them.

**DYSENTERY AND CHOLERA MORBUS.**—Leaving out of consideration the commoner diarrhoeal affections incident to the season, let us briefly allude to the prevalence of dysentery and cholera morbus during the varying temperatures of hot days and cool nights. The injudicious use of vegetables in immoderate quantities and in conditions to tax the digestive organs to the utmost must not be overlooked as provoking causes. We are well aware that there are those who would attribute these affections wholly to bacterial origin, but it is a matter of common experience that the ingestion of cu-

cumbers, melons, green beans, radishes, and green fruits, etc., are frequently followed by attacks of cholera morbus. The symptoms need not be referred to in detail. The violent vomiting and watery purging, even to exhaustion, and the tendency to cramping of the limbs will serve to lead one from confounding the case of cholera morbus with one of gall-stone or other forms of colic, or other intestinal affections. In dysentery, the tormina and tenesmus, the intense prostration, the voiding of mucoid or muco-sanguineous evacuations, with but little feculence, can not well be mistaken for any other trouble. Let us then briefly refer to treatment which has long served Eclectics, and from which they have not been disposed to turn to try newer and greatly lauded remedies. Both disorders are serious, both yield promptly if treated early. The patient with dysentery, if seen early before complications set in, presents indications for three remedies, which fortunately may be given combined, somewhat as follows:  $\mathcal{R}$  Magnesium sulphate,  $\mathfrak{z}$ j to  $\mathfrak{z}$ ij; specific aconite, gtt. v to x; specific ipecac, gtt. x to xx; water (peppermint, clove, or cinnamon water) q. s.,  $\mathfrak{z}$ iv. Mix. Sig. One teaspoonful every half hour or hour, according to severity of the attack. Indications are sometimes present for specifics dioscorea, echinacea, baptisia, or colocynth, but as a rule the above prescription will be found to cover the indications and to give prompt results. The early Eclectics prized the white liquid physic which operated very efficiently in the treatment of dysentery.

In cholera morbus prompt action is necessary if we are to save our patient. We have no time to temporize with remedies. External heat, mustard plaster over the epigastrium or a dry mustard rub may assist in the treatment. If vomiting has not been going on to a great extent, the stomach may be quickly emptied by administering lukewarm solution (one pint) of soda (grs. xl) and salt (grs. xl). This will benefit by washing out the stomach. A hypodermic dose of morphine sulphate ( $\frac{1}{4}$  grain) should be administered as soon as possible, provided there are no contraindications. Internally the compound tincture of cajeput, in half drachm doses frequently repeated, should be employed. The hypodermic should be repeated if necessary, but one or two such doses usually brings the disease promptly under control. Chlorodyne is favored by some to relieve pain, and 10 drop doses may be administered until relief is experienced. We have known a patient to die when he was apparently convalescent, fatal cramps seizing the limbs and

passing up over the body when he made the attempt to arise from his bed. This occurred two days after having taken any medicine. Artificial heat and cheering encouragement should not be neglected in the treatment of cholera morbus, and often the use of an ethereal solution of camphor may be required to sustain the patient, or strychnine sulphate in 1-30 grain dose hypodermatically may be required to prevent collapse.

**FOOD RASHES.**—We are all well aware that certain foods, particularly fish and canned meats, as well as some fruits, gives rise to rashes upon the surface of the body. Acute rashes, not the common exanthems, should lead us to carefully examine into the condition of the digestive tract. Strawberries are particularly prone to cause a rash in susceptible individuals. We have found nothing better in such conditions than the salicylate and sulphite of sodium given separately or combined, or more frequently with liberal doses of neutralizing cordial. Urticarial rashes often promptly disappear under this treatment, though sometimes apis or rhus hasten the disappearance of the rashes and correct the disordered state of the stomach and bowels. The latter are selected upon the following indications: Apis, puffiness with itching and stinging, the rash having a watery cedematous appearance and the urine being voided with difficulty, though there is frequent urging to do so. Rhus, by the pointed tongue with elongated papillæ, tendency to diarrhoea, and burning pain accompanying the symptoms.

**ICE-WATER DYSPEPSIA.**—Though a misnomer, this term has been applied to that form of stomach and bowel trouble incident to the heated term and most generally brought on by drinking large quantities, or even small amounts of ice water hurriedly while in a heated condition. To a lesser degree it comes from indulgence in ices, creams, ice-cream sodas, and similar iced drinks. That condition, frequently found following the ingestion of a glass of cold beer, showing a state bordering closely upon cholera morbus with the breath giving off the foul, sourish odor of stale beer and the tongue looking as if coated with white lead, may properly be brought into this group. Ice water dyspepsia has been well named the "American disease" because of the general use of cold drinks and ices in this country. The irritable stomach and bowels with capricious appetite and painful digestion mark the victim of the abuse of this habit. Ices and sodas being generally taken slowly, are the lesser offenders, but the ice-water habit should be discouraged. Water

placed in receptacles and surrounded by ice becomes sufficiently cooled for all purposes, and even such water should be slowly and sparingly used. Among the best remedies for this condition is hydrastis in any of its forms. We prefer colorless hydrastis in 10 to 15 drop doses. Our next choice is specific hydrastis. Not infrequently ginger or capsicum add to their efficiency, especially if there is an inclination to flatulent distension. These, together with use of ipecac or nux vomica, according to specific indications, with abstinence from the causes, will generally rectify this condition in a reasonably short time.

**RHUS POISONING.**—Chief among the summer skin eruptions are those produced by contact with noxious plants, most generally of species of rhus, as *Rhus Toxicodendron*, *Rhus venenata*, *Rhus pumila*, and *Rhus diversiloba*. The eruption, a form of dermatitis venenata, is more commonly known as "Rhus or Ivy Poisoning." While the majority of cases will be seen in the country districts, occasionally we find city visitors and high school pupils on botanizing tours or pursuing other forms of nature study, suffering from this form of skin inflammation. These facts should aid in the diagnosis. Rarely we find alcoholic preparations of rhus to poison. The plants are also often found along fences in the suburbs of cities, and we have seen them growing, perhaps unnoticed, upon porches and on the walls of churches. While most individuals are poisoned by contact with the plant or its juice, others are equally as easily affected by its emanations. This is especially likely to occur on a damp, warm, murky morning. A peculiarity of this form of poisoning is the recurrence of the symptoms year after year, or oftener, without known exposure to the poisonous plants. The smoke from the burning of rhus species has occasioned ivy poisoning. The poisonous principle is an oily substance, *toxicondrol*, discovered in 1895 by Dr. Franz Pfaff, of Harvard College. This acts upon man as an irritant producing a vesicular, eczematous, or erysipelatoid inflammation.

Keeping in mind the exposure, when known, the symptoms are sufficiently distinctive to readily allow of diagnosis. So far as the skin lesions are concerned, poisoning from rhus differs little whether the person is poisoned from the emanations or by direct contact with the plant—the effect being an acute dermatitis. In a few hours to several days after exposure, the parts become reddened or erythematous, tumefied, or in some instances edematous. In some indi-

viduals the parts become enormously swollen, especially the genitalia, anal region, and face, to which the infection is most generally carried by the hands from the parts most frequently primarily affected. We have seen cases in which the face was so badly swollen that the eyelids could not be opened, and the victim had lost all facial resemblance to the human kind. Upon the reddened patches appear a blister surrounded by several smaller vesicles. These are usually filled with a clear watery exudate, which may become yellowish, or even pus may form. In some instances large blebs are produced by the coalescence of the vesicles. The intolerable itching and burning now cause the patient to scratch the parts, thus rupturing the vesicles. This invariably leaves a ugly, raw, weeping sore. The contents of the vesicle transferred to other parts infect a new area. The favorite seats of this trouble are the face, hands, forearms, scrotum, and anal region. Children who go barefooted often become poisoned upon the legs. The inflammation in some respects resembles erysipelas and spreads in much the same manner. Not only is the skin affected in ivy poisoning, but constitutional disturbance is often marked. There is nausea, vomiting, abdominal pains, pain in the back and joints, with elevation of temperature, and sometimes profuse sweating. Diarrhœa is not uncommon, together with increased diuresis, and both have been known to be accompanied with hemorrhage. The trouble is usually at its height in five or six days, but may persist for several weeks, especially if the subject be prone to eczema. In some subjects eczema follows, and the tendency of the affection to reproduce itself must not be forgotten. Free and complete desquamation follows in ordinary cases.

While "ivy poisoning" is said to pass away of its own accord in a few days, the sufferings of those affected make it necessary that treatment to hasten its cure be given. Scores are the remedies advised, but some we have learned to rely on more than others. Internal treatment aids in allaying the constitutional discomfort. Specific aconite or veratrum for the fever, and neutralizing cordial to allay the gastro-intestinal irritation. Externally one of the following lotions may be relied upon. (1) Specific lobelia (℥j to water ℥viiij) or the infusion of lobelia, is one of the best. (2) Eclectic wash (zinc sulphate, fluid extract of lobelia, fluid extract of baptisia aa ℥j, aqua dest. q. s. Oj. Mix. Filter) used freely in full or half strength. (3) Ferrous sulphate (℥j to water Oj) is a splen-

did application. (4) Lead acetate in alcoholic solution; of but little value in watery solution. (5) Alkaline solutions, such as sodium bicarbonate, caustic soda, ammonia, liquor sodii boratis compositus (Dobell's solution—borax and sodium bicarbonate aa ʒij, carbolic acid grs. xxiv, water Oj) and chlorinated soda, etc., are all of service but less effectual in most cases than Nos. 1 and 3. (6) Distillate of hamamelis with aepsin (grs. xx to ʒj of former) is elegant and effectual. (7) Alum curd (alum ʒss beaten with white of one egg) is excellent for use upon the face and around the eyes. (8) *Grindelia robusta* (fluid extract ʒij, water ʒiv), largely used and with asserted success; a favorite with practitioners of the regular school of medicine. (9) *Impatiens fulva* and *Impatiens pallida* have given prompt relief. The plants are to be gathered fresh, bruised, and applied. Nothing so quickly relieves the stinging produced by nettles, and the two plants usually grow side by side. (10) Sodium hyposulphite (ʒiv to water ʒiv). (11) Boric acid in saturated solution. (12) *Echafolta* is highly praised by some. (13) Decoctions of *salix nigra* bark is very popular in some country districts. We have seen it act almost magically. Apply by means of compresses.

Among the soaps and ointments to be used when continued application is desired, or when the acute inflammation has passed and there is a tendency to a persistent eczema, the following are valuable. They may also be applied at night, using the washes during the day. (1) Decoction of fresh spice-bush (*Lindera*) incorporated with cold cream. (2) *Echafolta* cream. (3) Boric acid, grs. xl to petrolatum ʒj. (4) Carbolic acid, grs. x to petrolatum ʒj. (5) Asepsin soap may be used for cleansing at all times, and the lather allowed to remain on, has promptly cured long standing cases which have become eczematous (Locke).

PRICKLY HEAT.—To most individuals prickly heat is but an inconvenience, while in others it is productive of a quite painful inflammation and considerable disturbance of the nervous system. Being a mild inflammation of the sweat ducts the disturbance of secretion is sufficient to account for the pronounced effects found in those very sensitive to it and the unpleasant results are observable mostly in young children and infants. It is not uncommon for it to be associated with or followed by boils in children. The physician should be particularly careful to note the condition of the skin in infants, and by directing clothing according to the weather



and the state of the secretions, prevent this seemingly simple annoyance. The irritation of the nervous system resulting from it in infants we believe has much to do with inviting attacks of stomach and bowel disorders. A child should always be kept comfortable—never too warmly clothed—therefore prophylaxis is possible and subsequent sickness may be avoided by attention to the skin. When prickly heat has already occurred the treatment must be sedative to the skin—lotions of boric acid, or best of all, solution of potassium bicarbonate, may be used, followed in some instances by a bland dusting powder, such as the borated talcum powders now on the market. The bowels should not be allowed to become costive. We have thought that the drinking of large quantities of *very cold* drinking water tends to aggravate the disorder.

**DOG BITES.**—Dog bites are always more alarming than dangerous to the victim. Unless the dog is known to be affected with rabies, the greatest danger, depending upon the locality, character, and extent of the wound, is from infection from decayed meats and other foul substances adhering to the teeth of the animal. When bitten through the clothing this material is often wiped off and does not enter the wound. If seen soon after the injury the parts should be thoroughly washed with a cleansing solution. For this purpose we prefer permanganate of potassium or solution of asepsin and echafolta. Though generally recommended, we have never yet resorted to cauterization. The parts (after adjustment and stitching if ragged) are then dressed with a moist dressing as follows:  $\mathcal{R}$  Echafolta  $\mathfrak{z}\text{j}$ , asepsin grs. xv, solution of carbolic acid gtt. x, distilled water q. s.  $\mathfrak{z}\text{iv}$ . Apply on gauze compresses. This lotion has given us uniformly satisfactory results in numerous cases.

**BEE STINGS.**—Ordinarily more painful than dangerous, unless several stings have been received, occasionally the sting of a bee may be fatal; often it produces dangerous collapse with cyanotic symptoms. While apis is often a good remedy in rheumatism, and some sufferers from the latter religiously assert that they never had a twinge of rheumatic torment after having been stung by the honey bee, yet few, we venture, are likely to invite this form of hypodermatic medication. In cases of collapse liberal quantities of whisky may be given or lesser quantities hypodermatically, or the aromatic spirit of ammonia may be preferable. Nothing gives immediate relief better than a moist application of plastic clay. This, however, is not as antiseptic as some would desire. Full strength echafolta

or specific echinacea is all that can be desired, and a combination of distillate of hamamelis and echafolta with ten grains of asepsin will be found agreeable and prompt in promoting the restoration of the parts. We have directed the use of the latter upon bed-bug and mosquito bites, first squeezing out the serum which collects in the papules, with gratifying results. An old and crude, but very effectual application to bites and stings, is bruised fresh plantain leaves (*Plantago major*). Whether the alcoholic preparations, such as specific plantago, is as effectual we can not say from experience.

CUTS FROM WIRE AND GLASS.—Just why cuts from wire fence, tin, and fragments of bottles should be so unusually painful has never been satisfactorily explained to us. Of course the bottle may have contained irritant substances or some ingredient likely to intensify inflammation. At any rate such injuries usually exhibit a disproportionate amount of aching pain. Perhaps the chances for infection are greater and the raggedness of the superficial cuts involving so many nerve terminals has much to do with it. Thorns produce similar painful lesions. Those who have been punctured with the thorns of the *Cratægus* family or the honey locust, will readily recall the unusual suffering experienced. Rose thorns, to a less degree, and cactus spines, with their recurrent barbs, inflict painful sores, less painful, however, than the first named. For these cuts, tears, and punctures the following are exceedingly useful applications: (1) Specific calendula, specific baptisia, specific echinacea (or echafolta) aa ʒj; glycerin, distilled water, aa ʒj. Mix. Sig. Apply by means of compress either full strength or diluted with water as required. (2) Echafolta ʒij, asepsin grs. xv, carbolic acid grs. x, distilled hamamelis aa ʒij. Mix. Apply as above.

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**THE INDICATED REMEDY VERATRUM.**—The arterial or special sedatives have from the beginning been an important group of remedies employed in the practice of specific medication. This so-called sedative action, which in reality is that of gentle stimulation of the nerves controlling the heart and circulation, depends wholly upon the manner of using these drugs. In the smallest medicinal doses they are arterial or special sedatives; in the large doses they are cardiac and circulatory depressants and are then dangerous remedies. One of the best known of these arterial sedatives is *Veratrum viride*, the indications for which are so direct

and unmistakable that the results, when prescribed according to its specific indications, have been among the most substantial in giving weight and gaining acquiescence to the claims of specific medicationists.

Veratrum is the remedy for sthenic conditions, whether it be a fever of any of the commoner types, an inflammation, idiopathic or traumatic, or puerperal septicæmia, with convulsions. The prime indication is the full, bounding, rapid pulse, hard and rope-like in character, with fever or inflammation. It is a remedy where there is free action of the heart, with active capillary circulation; where there is serous inflammation with hard and full pulse, or full and bounding pulse; or even with wiry corded pulse. Thus it proves a great remedy in pleurisy and peritonitis. It should not be administered freely when there is gastric irritability, but as a rule when veratrum is indicated this irritability is not often present. The effects of the remedy are of short duration; therefore it should be frequently administered in small doses for its continuous effects. The indications for veratrum are not extensive. Briefly they are:

Pulse full, frequent, and bounding; pulse full, rapid, corded, or wiry; pulse full, strong, and intense, with throbbing of the carotids; pulse rapid and beating so forcibly that sleep is prevented; tissues full, not shrunken, and surface flushed with blood; increased arterial tension, with blood-shot eyes; erysipelas resembling an ordinary inflammation; cerebral hyperæmia; sthenic fevers and inflammations; irritation of nerve centers due to an excited circulation; convulsions with great vascular excitement, full pulse, and cerebral hyperæmia; puerperal eclâmpsia (full doses); red stripe down center of tongue; cough, with headache; weight in the epigastrium, and forcible circulatory pulsations.

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**ROBERT CORBIN WINTERMUTE, M. D.**—Professor of Obstetrics and Diseases of Women and Children in the Eclectic Medical Institute of Cincinnati, Ohio, died suddenly of cerebral hemorrhage, at his home in Norwood, Ohio, Sunday, April 15, 1906.

This was the sad intelligence that flashed over the wires on Easter morn, and brought sorrow and grief to the hearts of his many friends and former pupils. That his demise should occur so unexpectedly and just as he had completed his year's work in the college and upon the eve of her annual commencement, is

doubly sad. We are sure that the hearts of all Eclectics and of those who knew him best beat sympathetically and in silent grief for his sorrowing wife and parents.

Dr. Wintermute was born at Norton, Delaware County, Ohio, June 27, 1861. At an early age he removed with his parents, who still survive him, to Mount Vernon, Ohio, where he received his literary education, graduating with honor from Union College. In the preparation for his life work he placed himself under the preceptorship of Dr. A. P. Robertson, an Eclectic physician of ripe experience, and subsequently pursued a three years' course in the Eclectic Medical Institute at Cincinnati, where he was afterward to become a conspicuous and able member of the faculty. He obtained his degree in 1881, and began the practice of his profession in Delaware, Ohio, where he soon became a prominent and vigorous exponent of Eclecticism. For two terms he represented Delaware County as coroner, thus bringing not only his executive ability before the people, but creating also a favorable impression of Eclecticism. Becoming interested in the work of the State Medical Society, he became an active worker in it and succeeded in having its annual meeting of 1888 held in Delaware, where through his preparatory efforts one of the best meetings in the history of the society was held. At this meeting, in recognition of his work, he was honored with the election to the presidency for the following year. Infusing new life into the organization and working indefatigably for the upbuilding of that body, he presided over the successful meeting at Akron in 1889. Subsequently he was for many years, up to 1905, consecutively elected treasurer of the Ohio Society. He was also a member of the Central Ohio, the Cincinnati, and the National Eclectic Medical Associations, always taking an active part in the work of these bodies. His activity in the State meetings and for Eclecticism brought him conspicuously to the notice of the trustees of his Alma Mater. In 1890, when the failing strength of the venerable Professor John King compelled him to relinquish his long service of over a third of a century as a teacher in the Eclectic Medical Institute, his mantle fell upon Dr. Wintermute. The long-used and familiar text-book of the former, grown out of date, was at once taken in hand and revised by Dr. Wintermute, and to-day King's Eclectic Obstetrics, revised by Wintermute, stands as the standard text-book in the obstetric art in all the Eclectic colleges. On the last day of his first year (December 31,

1900) as a teacher in his Alma Mater, he was united in marriage with Miss Mary Arabella Cherry, of Delaware, who survives him.

Dr. Wintermute early gave promise of ability as an instructor and eminently fulfilled that promise in his fifteen years' service in the college work. As a teacher he was painstaking and industrious and popular with his students. He was fluent in speech and ably sustained the high rank which the department of obstetrics had acquired under his distinguished predecessor. As an Eclectic, Dr. Wintermute was unwavering and unfaltering. He never lost an opportunity to serve her interests. The profession at large has lost a valued physician, medical teacher, and author in the untimely death of Dr. Robert C. Wintermute.

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**THE NATIONAL, 1906.**—The National Eclectic Medical Association will convene in annual session in the Hotel Victory, at Put-in-Bay Island, Ohio, June 19, 20, and 21, 1906. Every Eclectic who possibly can should attend this meeting—for the advancement of Eclecticism, for his own sake, and to recreate in this beautiful and historic resting place. To those who have been there it needs no words of praise or description. It has been the Mecca of the Ohio State Society for many, many years. Its delightful waters, its marvelous caves, its mammoth hostelry, and its healthfulness make it an ideal and quiet place for a medical convention. Here one throws off the cares of business and life takes on a new meaning. The walks along the beach, the sail on the bay, the fishing, the refreshing bathing beaches (and baths in the natatorium), the water toboggan, and the "shoot the shutes," the band concerts, the sweet strains of the evening orchestra, and the sound of washing waves upon the beach at night—these are some of the attractions that vie with each other to make this an ideal spot for rest and recreation. From this island one can look out upon the peaceful waters where Perry met the enemy and made them "ours." Here are the government fish hatcheries, the monument to Perry's sailors, historic cannon placed along the highway by the government, and John Brown's grave, all teeming with historic interest. Wonderful natural caverns and deposits—Perry's cave with its underground lake, Strontia cave, Daussa's labyrinthic and circular caves; stalagmites and stalactites, and above all, the wonderful crystallization of strontium salts as celestine—a most beautiful mineral—are

sights without which one's life-joys are not complete. Singularly no case of pulmonary consumption was ever known among the inhabitants of this island.

Without these attractions, the reunion of friends and the medical councils were enough to induce attendance. Together they should be irresistible. Eclecticism and the National expects every member to do his duty. The officers have worked hard to provide for a good meeting and their efforts should be rewarded by a full attendance.

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**ATTENTION! MEMBERS OF THE NATIONAL!**—The Hotel Victory, at which place the meeting of the National will be held, offers a flat rate of \$3.00 per day, which offer has been accepted by President Harvill and the Executive Committee. Corresponding Secretary Helbing notifies as follows:

"I have been apprised by the various passenger associations that we have been granted a one and one-third fare for our meeting to be held at Put-in-Bay, Ohio, June 19th, 20th, and 21st. This embraces all States in their territory except Ohio. Delegates from Ohio will obtain practically the same rate as one and one-third, viz., two cents per mile each way. It will be necessary for Ohio delegates to obtain receipts or certificates when purchasing tickets, for they will be counted as a part of the total number required to be present. As heretofore the minimum number present must be 100.

"Each delegate outside of Ohio must obtain a certificate from the ticket agent and will be required to pay full fare to Put-in-Bay. Do not accept a receipt from the agent (providing you are not a resident of Ohio), but insist upon a regular form certificate, which each agent usually possesses. Upon your arrival at Put-in-Bay hand your certificate to me together with 25 cents, and as soon as 100 have been handed in your certificate will either be returned to you or will be filed with the ticket agent at Put-in-Bay, and you will then be at liberty to obtain your return ticket at one-third the full fare.

"Ohio delegates will be required to pay the validating agent's fee of 25 cents each in order that their receipts may be counted with the rest to make up the required number.

"Tickets for the going journey must be purchased within four days of the opening date: viz., June 15th, unless distance requires more time in which to reach the place of meeting.

"Tickets for the return journey must be purchased within four days of the closing day of the convention: viz., on or before June 25th. Boats leave Toledo for Put-in-Bay daily at 9 A. M. and 10 P. M., and it requires two or three hours to make the trip." (See 2d cover page.)



**THE STATE SOCIETIES AND THE NATIONAL.**—Secretary Ellingwood, who is also Chairman of the Committee of Organization of the National, appeals to the individual physician to take a renewed interest in his State society. He names Ohio, New York, Indiana, Illinois, Georgia, Texas, Arkansas, Pennsylvania, Oklahoma, South Dakota, West Virginia, and Kentucky as States in which a spirited interest is shown in the State organizations. He urges

That a committee be appointed from each State society to co-operate with the Special Legislative Committee of the National, to revise the by-laws of the Society, at a proper time, to correspond with those of the National Association, making all members of the Society members of the National Association. Of this committee the Secretary of the State Society shall be Chairman, as he is recognized by the National Association as Secretary of organization in his State. The Constitution and By-Laws of the National Association were revised last year with this object in view. The work of the committee will probably be completed this year, when the committees from State societies should at once take up the work and have a report ready for adoption in each State society next year. This will save one year of time and facilitate the greatly-to-be-desired consolidation which he has aimed at ever since he has been the National Secretary.

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**THE CALIFORNIA MEDICAL COLLEGE.**—At the annual meeting of the Board of Trustees of the California Medical College, held February 5, 1906, a new set of officers was elected and a complete change of management effected. Dr. J. B. Mitchell, of San Francisco, was chosen Dean of the Faculty, and Dr. Benjamin Stetson, President of the Board of Trustees. At the continuation of the annual meeting, held February 19th, an important step was taken—that of unanimously adopting resolutions authorizing the President and Secretary to take the necessary steps toward having the name of the college changed from *The California Medical College* to *The California Eclectic Medical College*. This change is significant of a new movement and other changes are likely to take place, including the construction of a new college building.

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**SECTION OFFICERS.**—For Section Officers of National see page 244.

1906

## SELECTED ARTICLES.

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### CHIMAPHILA UMBELLATA.

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THIS small evergreen plant is known in different sections of the country by different names, the most common of which being prince's pine, pipsissewa, wintergreen, and ground holly. Although a fluid preparation of the plant constitutes a medicament of decided curative power, it is not as frequently employed by the general practitioner of medicine as it might be with most satisfactory results.

The action of chimaphila is not attended with any special excitement, nor does it seem to stimulate one particular organ or function more than another. It apparently embraces the entire system within the range of its activity. Its action is manifested by a decided improvement in the various functions of digestion and nutrition.

In chronic affections of the kidneys and bladder, especially when there is a mucous or purulent discharge, chimaphila exerts an influence which makes for a normal condition of the organs and tissues involved, and in suppression of urine, and when the urine is thick and ropy, with a bloody sediment or brick dust sediment, it is an efficient remedy. It is also of value in hematuria and gravel, as well as in dropsy, caused by kidney diseases. In dropsy after scarlet fever and measles, and in dropsy accompanied by general weakness and loss of appetite it is deemed a superior medicament. Chimaphila has also been employed with success in strangury, chronic gonorrhea, urinary affections with offensive urine containing uric acid, and in diffused syphilis when the constitution has become greatly impaired. It is especially adapted in cases requiring continued medication, as it seldom disagrees with the most sensitive stomach, and all atonic conditions of the system are much benefited by its administration. In hectic fever with night sweats, and in the latter stages of typhoid fever, when there is deficient secre-



tion, much benefit is derived from its exhibition. Its curative effects are also unmistakable in all diseases presenting an enlargement or a swollen condition of the parotid, cervical, mesenteric, prostate, or other glands. In many cutaneous diseases, especially with enlarged cervical glands, it is a favorite remedy, and in ill-conditioned ulcers its alterative power aids much in a rational treatment. In chronic rheumatism it affords relief, and is said to have cured many cases of the painful condition.

*Chimaphila umbellata* is alterative, tonic, diuretic, and astringent.

The following are among the most prominent specific indications for *chimaphila*: Chronic vesical and renal affections, with muco-purulent sediment; smarting pain and frequent urination; suppression of urine; urine thick and ropy with blood sediment; brick dust sediment in urine; strangury; enlarged or swollen glands.

The dose of specific *chimaphila* (or a good fluid extract) is from 10 to 60 drops, but it is usually employed in doses of from 10 to 30 drops.—*The Eclectic Review*.

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## CASCARA SAGRADA.

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The term "cascara sagrada" ought to be dropped from every scientific work on materia medica, because it means nothing definite. It is an old Spanish name, applied to two or three kinds of bark in California, and means, as I suppose, literally, "sacred bark." "Sagrada," sacred; "cascara," bark. I notice that quite a number of writers in our medical journals are "mixed" on the virtues of cascara in rheumatism. They will always be confused until they are able to clearly discriminate between the different kinds of bark that enter into the various preparations of cascara sagrada. Some cascara is good for rheumatism, and some is perfectly worthless in that disease. Why is this so?

In 1896, if I recollect the time, I made this clear in an article contributed to the *Eclectic Medical Journal*. Manufacturers of fluid extracts, as a rule, prepare fluid extract of cascara sagrada from two kinds of bark, which are quite different in their specific effect, except that both are cathartic in property. Outside of their cathartic influence their therapeutic properties are not at all simi-

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lar, though the cathartic property is the only one recognized by such people. If the cathartic effect were all that is to be expected, this might serve our purpose; but it is not.

Gatherers of sacred bark are usually small farmers, or their wives or children, who peel a little bark now and then, to carry to town and swap for groceries or other commodity; and these little "dabs" are finally gathered up in commerce, mixed, and find their way to larger houses, to be ultimately shipped East to some large manufacturer of fluid extracts. I have known the bark of scrub oak, and a species of willow that grows along the streams, to be gathered by such people and mixed with cascara or species of *Rhamnus*; though it is all "sacred bark" to them if it will pass inspection; and it usually does, as the spurious is not readily detected, when dried. The lot, good, bad, and indifferent, is then worked up into fluid extract of cascara sagrada, and so labeled. The label is correct enough, but it is a libel on scientific pharmacy and decent therapeutics.

The two principal sources of cascara sagrada bark are *Rhamnus purshiana* and *Rhamnus californica*. Both are cathartic, but here their therapeutic similitude ends. *Rhamnus purshiana* possesses no influence in rheumatism whatever, as I have proven time and again in my practice, while *Rhamnus californica* is the most positive specific we possess, not only in acute or inflammatory rheumatism, but in muscular pain of rheumatic origin. It will be noted here that I believe in rheumatism as a disease, though not that every pain or ache with which humanity is afflicted is rheumatic.

It is absurd to write or talk, therefore, about the application of cascara sagrada to the treatment of rheumatism. It would be more reasonable to refer to *Grindelia* as a remedy for chronic malaria; for *Grindelia robusta* and *Grindelia squarrosa* are more nearly allied botanically than *Rhamnus purshiana* and *Rhamnus californica*; and yet they are distinctly separate as two therapeutic propositions, possessing no two similar therapeutic characteristics.

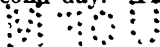
For two years I employed *Rhamnus californica* as a remedy for rheumatism before introducing it to the profession; but I gathered my own bark, and knew what I was using. Whenever I tried the fluid extract of cascara of the drug market, I was invariably disappointed, and I did this a few times, when out of my own stock. It is totally unworthy of confidence, unless one wants a slowly acting cathartic.

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The only preparation of *Rhamnus californica* that I have ever found of service, or at least recently, is that prepared by Lloyd Brothers, and that is properly labeled, "*Rhamnus Californica*." The house of Clinton E. Worden, of San Francisco, prepared, for a short time, under my instructions, a reliable preparation; but the place has since changed hands, and I can find no more of it in the market.

If failure follows the administration of *Rhamnus californica* in rheumatism, it is usually due to the administration of too small doses. Infinitesimal doses are often the most appropriate and effective in the treatment of disease, but this remark does not apply to the remedy under consideration. Its best effect, or at least its prompt influence follows upon the cathartic action of the drug. I have administered Lloyd's fluid extract in teaspoonful doses every hour in some cases of severe sub-acute rheumatism until it produced active catharsis, with almost instantaneous relief from severe pain, as soon as the bowels were in active motion. This is due, not probably because the bowels have moved, but because at that time the system was thoroughly saturated with the remedy. It is of very little use in small doses except in chronic cases, then the dose ought to be fifteen or twenty drops. When aggravations occur, as they frequently do upon sudden weather changes, the large dose should be renewed for a little time.

I have given a teacupful of a strong decoction of the bark in agonizing pain, and repeated it two or three times, every half hour, with excellent satisfaction. A few days ago I was routed out in the morning by a neighbor whose daughter, a middle-aged lady, was suffering terrific pain about the middle, extending from the back around to the abdomen on the left side, and downward toward the bladder. I at first mistook the case for renal colic, but soon discovered my mistake. The pain was so intense, and the patient made so much outcry, that I proposed chloroform for temporary relief, but the remedy was refused for prejudice; and, as she was subject to rheumatism, I gave her a teacupful of a strong decoction of *rhamnus* as hot as it could be taken, and ordered another dose in half an hour. An hour afterward I called and found her asleep, resting quietly. Tablespoonful doses were ordered afterward, every two hours, until the bowels were disturbed, then three times daily. No severe pain attended after the first sleep, and the soreness was all gone the second day. The remedy was continued, however, for



a week afterward. The only medicine she received beside this was arseniate of quinine, in the third decimal trituration—about two-grain doses three times daily—for a tonic effect. Slight malaria complicates nearly all our cases, though we seldom ever have regular intermittent fever here. Most cases, however, show a tendency to periodicity. I might mention, by the way, that we have mosquitoes.

An excellent adjunct to *Rhamnus californica* in inflammatory rheumatism is specific *jaborandi*. It is probable that *rhamnus* acts in less time when combined with it. Some cases of inflammatory rheumatism which have been running six weeks or more, with nearly all the joints tense, swollen, and shining, and the patient suffering and helpless, have yielded under these remedies within a week or ten days. Such cases have invariably been under old-school treatment, until they have been employed. In all such cases the tonic influence of small doses of quinine, or what is less objectionable, the third decimal trituration of arseniate of quinine, establishes a permanent effect. At least I think so.

In conclusion, let me advise the reader to beware of the fallacy of *cascara sagrada* in rheumatism. If you have nothing better, resort to *macrotys*, *colchicum*, oil of wintergreen, or the salicylate of sodium instead, for there is some reliability in them, while there is none in *cascara sagrada*, despite the old tradition about Dr. Goodwin.

Of course I do not counsel the exclusion of other remedies when they are specifically indicated. These may come in as valuable assistants, and are not to be overlooked. It is well to always have two or three ideas in one's head at a time.

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### RASHES RESEMBLING SCARLET FEVER.

The eruption of scarlet fever appears usually on the second day of the disease, first on the pharynx, neck, or upper chest, or in flexures of joints, spreading slowly. The skin about the corners of the mouth remains white. The vivid scarlet rash is diffuse and punctate, uniform or mottled, gradually fading in two to four days, followed by coarse, flaky desquamation. Of diagnostic import are the early high fever, rapid pulse, sore throat, "strawberry" tongue, flushed face, and vomiting, together with a suspicion of exposure.

The rash of measles appears on the fourth day, first on cheeks

and forehead or back, spreading gradually to the body and limbs. It consists of small, soft, dark rosy crenated papules like flea-bites, grouped in rounded or crescentic blotches with intervening healthy skin. Small red spots with a bluish-white center (Koplik's spots) may often be observed on the buccal mucous membrane a day or two before the cutaneous eruption. Desquamation is fine and branny. The early coryza, conjunctivitis, bronchitis, and the remitting fever before the eruption are of aid in diagnosis.

In roetheln, or "German measles," the rash appears on the face on the second day, and may spread over the whole body within twenty-four hours. It is much like that of measles, but is accompanied with only slight fever, sore throat, and enlarged post-cervical glands.

In the so-called "fourth disease" of some authors, the signs and symptoms resemble rubella, but the rash is uniform and finely punctate (like scarlatina), first appearing around the mouth. There is no posterior cervical glandular enlargement and desquamation is rare.

Septic rashes appear one to four days after the wound, confinement or operation. They are of sudden onset and resemble scarlet fever, but papules are occasionally observed. Desquamation is often marked. The wound itself usually shows little or no evidence of sepsis. Intermittent fever, rapid pulse, and furred tongue are present. Iodoform, used in excess in a wound, may likewise produce fever ( $104^{\circ}$  or higher), delirium, prostration, and erythema or eczema.

Variolous erythema, prodromal of smallpox, presents itself as bright or dark red points like rubeola, except being hardly at all raised; or irregular scarlatinal patches on the trunk, inner thigh, and feet or flexor surfaces; or reddish streaks on protected parts and dorsal surface of the hands. In the abdominocrural triangle there may be petechiæ, which are rarely seen in scarlet fever. The flea-bite macules soon change into characteristic shot-like sub-cutaneous papules, first on the face, forehead, and wrists. The high fever and severe headache and lumbar pains are important aids in diagnosis. Vaccination may cause a general erythema, with short fever, about the eighth day.

Secondary syphilis shows, with slight or moderate fever, dusky red roseolar patches followed by papules or pustules, first on the trunk, soon involving face and forehead. The lesions fade in

the center, become circular or marginate, and leave a coppery stain. Sore throat (mucous patches) often accompanies. This syphiloderm appears in the sixth to eighth week after chancre—in the third to twelfth week of life, with snuffles, in the hereditary form.

The tense, glazed, tender, brawny, raised, dusky red swelling of erysipelas, with its sharp line of demarcation and limitation usually to the face or scalp, is hardly liable to be mistaken for scarlet fever. The initial chill with sharp rise of fever is characteristic of erysipelas.

In erythema scarlatiniforme (dermatitis exfoliativa), we have perhaps the closest simulation of scarlatina. The rash, which appears on the second or third day, is a bright scarlet (macules or punctiform papules) and spreads rapidly over the whole body. The fever is often high, with sore throat. Profuse scaling is the rule. The disease is not contagious. It sometimes depends on grave uremia.

Erythema roseola is at times accompanied by a high but short fever. The rash is generally widely diffused and may be bright or dark red. In children we have the symptoms or history of indigestion. In adults this erythema is sometimes excited by the ingestion of berries, shell-fish, or decomposed canned goods (ptomain poisoning). Of similar origin are those enema rashes which come on within twelve hours after a large clyster, especially of hard soap or turpentine, but fever is rare, unless previously present. In frequently bromides, and other drugs, as iodids, produce an erythematous rash.

In rheumatic erythema the skin of the face and lower extremities is very bright red and sometimes swollen. Fugitive outbreaks occur with change of season. Gonorrheal arthritis, with or without the administration of balsams, may give rise to irregular scarlatinoid erythema. Belladonna poisoning is often manifested by scarlet rash with high fever, dry throat, and delirium. The widely dilated pupils are nearly pathognomonic. Salicylates, and less frequently bromides, and other drug iodids produce an erythematous rash.

Easily distinguished from scarlatina by the usual absence of fever and by other signs, are intertrigo erysipeloid, eczema, pityriasis rosea, lupus erythematosus, most dermatites, acne rosacea, erythrasma, acrodynia, and pellagra.—*Editorial in Denver Medical Times.*

## POULTICES.

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Cataplasma are a very important means of medication. They are used to relieve inflammation, draw pus to the surface and relieve pain. They should be hot, moist, and light in weight and color. Should not be allowed to get cold on the patient. Should be placed between gauze, muslin, or mosquito netting, cheese cloth, or some material barely strong enough to lift off the poultice and not to keep it from the parts. Lubricate the skin, test heat against the cheek, and remember that the interior is warmer than the exterior. Cover with absorbent cotton or oiled silk and bandage loosely. In applying a poultice, apply it gradually by allowing it to slip from the hand. A poultice should extend a couple of inches beyond the affected surface. Discontinue as soon as object is attained, as trouble will follow too prolonged use.

Flaxseed meal poultice.—Stir meal into boiling water, allow to boil till thick enough to cut with a knife, remove from fire, beat well, put between folds of gauze, apply.

Bread.—Old bread or crackers boiled in water till mushy, drain, beat well and quickly.

Yeast.—Put freshly-made dough in a bag large enough for expansion; apply while rising.

Flour.—Mix thoroughly in cold water, then proceed as in flaxseed meal poultice.

Indian corn and oatmeal poultices are made same as flaxseed.

Carrot.—Scrape fine, put between single fold of gauze; apply in case of irritating skin diseases.

Onion.—Chop very fine, stew and apply hot; useful in bronchitis and croup in children; very popular with some foreign-born Americans.

Slippery elm.—Soak in boiling water till soft; drain, beat, and apply.

Mustard leaves are placed in a muslin bag, dipped in tepid water and applied. This form of mustard poultice is for children.

Charcoal poultice.—Pulv. carbonis, dr. iv (16.00); micæ panis, oz. ii (60.00); aquæ bullientis, oz. x (300.00); pulv. lini, q. s. Of benefit in gangrenous sores.

Lobelia.—Equal parts by weight of powdered lobelia and ground slippery elm bark, and add sufficient warm weak lye to make poultice.

Alum poultice is made by coagulating the whites of two eggs by 60 grains of powdered alum. Coagulating and astringent.

To render poultices antiseptic, add one per cent of phenol liquefactum to the water used in making the poultice.

Digitalis poultice, used in retention of urine.—Mix digitalis leaves with flaxseed poultice.

Soap poultice.—For preparing surfaces for operation, made of a paste of green soap spread on gauze.

Spice poultices. All kinds of spices put in a bag and soaked in brandy.

Poultices in children are very useful in local inflammations of the glands of the neck, the joints, and in cellulitis situated in various parts of the body. The prolonged use of poultices can not be too strongly condemned in cases of otitis. In diseases of the chest in children poultices may do harm from their weight embarrassing respiration, and if not administered by a skilled hand, thus keeping up a regular heat and avoiding exposure in making the changes. They are useful in pulmonary diseases of children where there is much pain, as in pleurisy or pleuro-pneumonia. In bronchitis and broncho-pneumonia their weight is objectionable, certainly, for prolonged use, and better effects can generally be obtained by hot fomentations and counter irritation. Hot fomentations are more cleanly than poultices, and much more easily changed. Wring a piece of spongio-piline or flannel out of water as hot as can be borne and apply covering with cotton and oiled silk. The oiled silk jacket has in all forms of pulmonary inflammation almost supplanted the time-honored poultice in children. It keeps the skin at a uniform temperature, maintains a moderate degree of counter-irritation and gives the patient a great deal of comfort.

Cataplasma Kaolini, one of the additions to the new U. S. Pharmacopoeia, consists of Kaolin no. 80 powder (fine) 577.00, acid boracic fine powder 45.00, thymol 0.5, methyl salicylate 2.00, oil peppermint 0.5, glycerine 375.00 ad 1,000. Heat Kaolin in suitable vessel (100° C., 212° F.) for one hour. Mix intimately with acid boracic, then glycerine, finally add thymol which has been dissolved in methyl salicylate and oil of peppermint and make homogeneous mass. Keep in air-tight container. It resembles soft putty, and has a pleasant odor. Action is principally due to the hygroscopic action of glycerine; the boracic acid, thymol, and methyl salicylate render it mildly antiseptic. Should be immersed



in closed container in hot water and applied as hot as can be borne, then covered with cotton, oiled silk, and bandage to retain. This will remain in place from 12 to 24 hours, then will become dry and can be easily removed. It is much neater than the ordinary poultice, necessitates much fewer renewals, is much less trouble, quite efficient, and is a very valuable addition to the new Pharmacopœia, taking the place of a number of proprietary poultices of this order which are becoming household words among the laity.—*The Dietetic and Hygienic Gazette*.

### NEURITIS, RHEUMATISM, AND SCIATICA.

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Neuritis, as the name indicates, means the inflammation of a nerve, and may be either simple or multiple, depending upon the number of nerves implicated. Anatomically the disease is described as interstitial or parenchymatous, and the causes are traumatic, alcoholic, or infective. Idiopathic neuritis is that form of nerve inflammation in which the cause is unknown, but as there can be no abnormal state without a cause, it is probable that the name will be dispensed with later.

Neuritis is due to a variety of causes, and the symptoms vary with the location of the nerve; for of course ulnar neuritis would evince a different train of symptoms from optic neuritis. Heat, pain, redness, swelling, tenderness and impairment of function, are the clinical signs of inflammation, sometimes defined as the reaction of tissues to injury. But in nerve structures some of the classical symptoms may be absent. In neuritis some of them are absent while others are added, such as muscular twitchings, contractures, anesthesia, and paralysis.

A nerve cord is composed of various tissues, the epineurium, the perineurium, and endoneurium inclose the fiber, which is composed of neurilemma, medullary, axilemma, and axis cylinder, or the neuraxon of a neuron. The parenchyma forms a very small proportion of the nerve cord. And while the term parenchymatous neuritis is given to an inflammatory process confined to axis cylinders, and the name interstitial neuritis to an inflammation of the connective structures surrounding the cylinders, this refinement of diagnosis is difficult and rarely necessary, as both forms of inflammation are intimately connected and rarely occur separately.

As neuritis may occur in either motor or sensory nerves, the symptoms vary accordingly, and as many nerves are mixed nerves, we often find symptoms combined. As in most inflammations the degree of inflammation may vary and likewise the symptoms, the rapidity in the development of the symptoms depends upon the intensity of the inflammation.

Pain is not always a symptom of neuritis, but in severe cases there is, at first, much pain in the nerve and surrounding muscle and skin supplied by the affected nerve. The usual symptoms are formication, numbness, tingling, burning, heaviness, and coldness. At first pain is increased by movement but as the disease progresses, anesthesia or numbness takes the place of pain, although there may still be pain around the edges of the inflamed area. As the pain fades away paresis occurs, joint movements become clumsy, and the finger movements are awkward and incomplete. Vasomotor disturbances appear with muscular atrophy, and sometimes œdema from lack of vascular tone. The cushions on the tips of the fingers waste, the fingers curve in like claws, become slender, red, and shiny, with an excessive growth of nail. Adhesions and permanent ankyloses occur in joints supplied by the inflamed nerve. This picture of neuritis will remind us of the condition frequently called rheumatism.

Before attempting to make a differential diagnosis between neuritis and rheumatism it will be well to attempt some kind of definition of the term rheumatism.

Neuritis has been in the past called rheumatism, and, in fact, any or all painful conditions of muscle, joint, or membrane are even now frequently called rheumatism. This practice seems very satisfactory to both patient and doctor. The term is familiar to the patient, one with which he has probably been acquainted from childhood—indeed, patients frequently come with diagnosis ready made and ask for medicine for rheumatism; the physician accepts the diagnosis without question and both are satisfied, although, perhaps, both mistaken. Neuritis, neuralgia, sciatica, locomotor ataxia, polio-myelitis anterior, progressive muscular atrophy, arthritis, synovitis, and tubercular and syphilitic joint affections, have been diagnosed as rheumatism; the name, however, is more generally applied to acute articular inflammation, with myalgia and metastasis. Now, before we can draw a line between rheumatism and any other disease we must first agree upon what we shall

call rheumatism; to what symptom or combination of symptoms shall we apply the name.

According to one author, "Rheumatism is an infectious disease, marked by inflammatory disturbances of the articular, serous, and endocardial surfaces, a heteropathic disorder due to the action of unknown micro-organisms." This definition is very good, but rather indefinite, leaving, as it does, both the pathology and the cause as unknown, and accounting for but a few of the many symptoms.

Another author says that rheumatism is caused by an irritant, organic or inorganic, circulating in the blood; the causes are many, and the manifestations differ widely. This is also a definition that does not define. Still another writer gives the lucid information that rheumatism is a general disease with local manifestations, or a general disease with both local and general manifestations. Mitchell, Gull, Charcot, and Hutchinson supported the nerve theory. The exciting causes of rheumatism produce an impression upon the surface of the body; this is conducted to the trophic and vaso-motor center by afferent nerves, which causes a disordered metabolism, and results in the production of a *materies morbi* in the blood. Causes of rheumatism, as at different times suggested, are an excess of lactic acid in the blood, uric acid in the blood in excess, pathogenic micro-organisms, dampness, coldness, retention of excretions, and extreme and fatiguing muscle work.

Observation leads us to conclude that the profession is not agreed either upon the cause or nature of rheumatism as yet.

The so-called acute articular rheumatism is characterized by swelling, redness and tension of joints, pyrexia and pain. The pain varies from a dull aching to all degrees of acuteness, while the patient is often rendered entirely helpless, and can not use his limbs. This affection is remarkable for the rapidity with which the swelling and pain may subside in one locality to appear in another. In a large number of cases the heart is implicated. The above description applies to an infectious disease caused by pathogenic germs running riot in serous and synovial membranes, and should be called acute infectious arthritis, and not rheumatism. It differs from neuritis in the rapidity of its changes and the duration of the attacks, and there is not the paresis, vaso-motor disturbance and anesthesia, that are found in neuritis in its latter stages. Recovery is also more rapid than in neuritis, the average duration of acute arthritis being twenty-one days, that of neuritis

about twelve months. In sub-acute and chronic arthritis the differential diagnosis is not difficult, for there is here no anesthesia or paralysis as in neuritis, but always pain.

Synovitis, often called rheumatism, lacks the constitutional symptoms of that so-called condition, whatever it is, and is by no means confined to those predisposed to articular inflammations. We are no more justified in calling synovitis rheumatism than we would be in calling pneumonia, typhoid fever, or scarlatina, rheumatism, when joint and serous complications arise. There is no scarlatinal rheumatism.

There may be some difficulty, in the beginning, in differentiating between synovitis and neuritis, but not after effusion has arisen in the former, and suppuration never occurs in neuritis. In synovitis without effusion, especially in hysterical subjects, the diagnosis may remain in doubt for some time.

Gonorrheal rheumatism, so called, does not exist, but there is a gonococcal infection of joints and serous membranes, due to the spread of the gonococcus, which is very painful, and at times dangerous, but this is gonorrhea, not rheumatism; the same may be said of syphilitic and tubercular joint affections, often called rheumatism; they are simply local manifestations of a general infection. In fact, it appears that this term rheumatism could very well be discarded from our nomenclature, as there seems to be no disease to fit it.

Should this be true, then there can be no differential diagnosis between a definite disease like neuritis, and such an indefinite condition as the so-called rheumatism. The term *rheuma* is defined as a humor, and means a humor in the blood, but this covers a much larger field than that generally ascribed to rheumatism, as most diseases are due to blood wrongs, or result in blood wrongs.

Neuralgia is not rheumatism, sciatica is not rheumatism. Sciatica is usually a neuritis, but may be a neuralgia. There is no disease which can properly be called sciatic rheumatism. As for locomotor ataxia, pseudo-hypertrophic paralysis, polio-myelitis anterior, Charcot's joint affections, osteo-myelitis, tic-douloureux, Potts's disease, and others sometimes called rheumatism, they need only be mentioned to be taken out of that category.

And so it appears that our search for the elusive state so long before the public as of great importance is to prove futile. It is sad to see such an old friend depart, especially since by the term

rheumatism we could so conveniently conceal our ignorance, and still satisfy our patients.—*Eclectic Medical Journal*.

## EPIDAUROS, THE LAND OF ÆSCULAPIUS.

TRANSLATED FROM THE FRENCH BY T. C. MINOR, M. D.,  
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An excursion that is rarely undertaken in Greece, inasmuch as it is a difficult, long, and painful trip, is a visit to Epidaurus, the land of Æsculapius. Unfortunately, too, but few remains of the grand temple erected to Æsculapius exist, save a few noble columns, where, once on a time, was the magnificent ivory statue of the ancient god of medicine, "represented seated, one hand holding a staff, the other touching a serpent's head," according to Pausanias, who has left a description, and whose words one must take on trust. "Near the sanctuary of Æsculapius was the *tholos*, the sacred spring from whence flows the water that purifies all the ills of humanity. Only a circular crypt of this very ancient structure remains. The *tholos* also served as a place for the keeping of the ancient medical records. There the afflicted sick went and invoked the god of medicine, addressing him in songs of praise, and offering gifts at his altar."

For several years past Dr. Carradias has been exploring the ruins of Epidaurus and the Temple of Æsculapius, and has published an archæological work. Some of the ancient carved inscriptive plates have been brought to Continental Europe. One of these plates plainly evidences the fact that neither medicine nor therapeutise, properly speaking, were ever practiced in the Temple proper. It was a place for the worship of a medical god, the immortal Æsculapius.

From all the prescriptions that Æsculapius dictated in the mysterious night, in dreams, to his patients, we must conclude that he was a great hygienist, and laying all charlatanism aside, that what he taught his disciples, the physicians of Rhodes and Cyrene, the high priests of ancient medicine, they only made cures by the application of very, very simple hygienic rules.

When the cure was obtained, they thanked the god, in his Temple, and gave gifts to the medical high priests, who served the altar. The Temple contained many metallic pieces, representing broken limbs and malformations that were remedied; numerous

clay and porcelain portraiture of cures made were found, renovated noses, eyes, ears, mouths, etc., showing that Æsculapius followed all the specialties as well as being a general practitioner. Oh, that mystical Æsculapius and his numerous followers, in reality the Æsclepiadæ, Hippocrates and the later Galen, forgot more than the whole medical world prior to their time had ever dreamed of knowing of the healing art. The New Testament doctors, like St. Luke, should at least have mentioned Hippocrates, but seem never to have heard of him.—*Eclectic Medical Journal*.

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## INDUCTION OF PREMATURE LABOR.<sup>1</sup>

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The cause of gestation may be arrested artificially at any time in the interests of either the mother or child. If it is arrested before the child is viable it is termed abortion; if after (28th week) the child is viable it is called induction of premature labor. The date of fetal viability is therefore the dividing line between the two operations.

In abortion the welfare of the mother alone is considered, while in premature labor both the welfare of mother and child is to be considered; for in the latter, the operation preserves the lives of both mother and child, or it results in taking a life to save a life, while in abortion the life of the child is sacrificed to save the life of the mother.

I now drop the subject of abortion and treat induction of premature labor.

When the further continuance of gestation would seriously endanger the mother's life the induction of premature labor is indicated, and any of the following causes may force such a proceeding upon us: pernicious vomiting with exhaustion and progressive emaciation; grave heart, lung, and kidney troubles; pernicious anæmia, severe chorea, and jaundice. After having resorted to all remedies and methods known to medical science without relief, the induction of premature labor is indicated to prevent a fatal termination due to the abnormal condition in question, or when the continuance of gestation to full term would expose the mother or child to serious risk.

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<sup>1</sup> Hom. Med. Soc. of Ohio, 1904.

It is difficult to formulate definite rules to follow, consequently each must be judged and managed upon its own merits: and since the extremely high rate of successes from symphysiotomy and Cesarian section, especially the latter, I consider nothing but a constitutional condition or an emergency justifies the induction of premature labor. Authoritatively speaking, the causes which justify the operation are contracted pelvis, hemorrhage, and eclampsia.

Personally, I do not consider a deformed pelvis a justifiable cause for interference. I am doubtful about eclampsia, but hemorrhage is most certainly a symptom warranting the induction of premature labor. If gestation has advanced to the period of the existence of a viable child, excluding emergency cases, it is better not to risk induction of premature labor, as giving a better result for the mother as well as the offspring, which would be exposed to the danger of death for want of vitality and proper nutrition.

In case of deformity of pelvis the length of diameters, especially the conjugate, must be considered, and if less than 2.36 inches, the operation should not be performed at any period unless a positive diagnosis of an abnormally small child is alive in the uterus.

We know the normal length of the pelvic conjugate, we also know the diameter of the fetal head of greatest importance from an obstetrical standpoint.

Let us for sake of brevity consider only the most important one, the bi-parietal, which normal length at term is  $3\frac{3}{4}$  inches; at  $8\frac{1}{2}$  months, 3.4 inches; at 8 months, 3.2 inches; at  $7\frac{1}{2}$  months, 2.96 inches; at 7 months, 2.75 inches. The fetal head may be compressed 4 inches. Remembering this degree of safe compressibility, having estimated the size of the fetus and the stage of gestation, the next important element in the problem is the determination of the degree of pelvic deformity present, which can be pretty accurately done by a thorough practice of the use of pelvimetry.

As long as the fetal presenting part can enter the pelvic brim, the time for induction of premature labor may be deferred, but just as soon as the presenting part engages with difficulty, the time is ripe for interference. Therefore every week the physician in charge should examine carefully to ascertain this fact.

Considering the above measurements of fetal cranium at different periods of gestation, the anterior posterior diameters of pelvis being  $3\frac{1}{2}$  inches, then in multiparæ labor should be induced at  $8\frac{1}{2}$  to  $8\frac{1}{2}$  months. This to be governed to some extent by size of fetus and difficulty in delivery offered by former labors. In

primiparæ, since the child is usually smaller, it is safe to wait a week before term.

When conjugate is 3.35 inches premature labor—both in multiparæ and primiparæ—should be induced at from 8 to 8½ months. If conjugate is 2.75 inches, labor is to be induced at 7 months to 7 months and 21 days; where conjugate is 2.36 inches at 7 months, 7 days, and where below 2.36 inches the indications for premature labor do not exist. To resort to it would necessarily entail an embryotomy and this carries risk to the mother and subserves not the child. At this point then the indication for artificial abortion in contracted pelvis begins.

Hemorrhage occurring after the fourth month of gestation should always awake suspicion of abnormal implantations of the placenta. Obstetricians mostly agree as to the advisability of inducing premature labor on the appearance of the first hemorrhage.

If this first hemorrhage occurs within the last six weeks of term and is violent and seems to endanger the mother's life (it will of course cause the death of the child), labor should be induced immediately in behalf of the mother and also the welfare of the child. If it occurs at or near the fifth month, vigilance and care with the expectant plan is agreed upon as the proper course to pursue. Some authorities say to confine the patient to her bed will assist greatly in carrying the child to term. My experience has been the woman is more likely to hemorrhage in recumbent position than erect.

Notwithstanding many opinions we regard hemorrhage of the pregnant woman, unless properly treated as very serious, the mortality rate is high for both mother and child. With prudent and fearless action on the part of the physician in charge, the mortality rate in mother is reduced to almost a minimum and also a decrease in death rate of child.

Authoritatively speaking, the question may be summed up as follows. The risk to the mother increases progressively to term after the first hemorrhage. On the occurrence of this hemorrhage the child is viable. Renewed hemorrhage simply risks viability. The interests of the child, therefore, are not subserved by expectancy. Those of the woman are actually imperiled. The teaching is sound therefore which says: "On the occurrence of first hemorrhage, whether profuse or not, elect induction of premature labor." The earlier the hemorrhage the greater the chance of the placenta being implanted centrally. It is the central attachment which at term subjects the woman to the greatest risk and holds out very



slim chance for the child. Personally I prefer to care for the emergency cases: by which I mean those sufficiently profuse and violent to immediately endanger the life of both the mother and child by at once emptying the uterus. Cases of a less severe type I place in hospital, where they can have capable attendants and nurses to care for them, if anything arises. This excludes all risk and I am positive the nearer gestation approaches term, the better are the chances for the living child, and the woman's chances are not lessened.

In regard to eclampsia as an indication, an absolute statement is not wise, owing to the diversity of opinion among experienced obstetricians. To reach approximately accurate conclusion it will be necessary to differentiate the instances where eclampsia seems imminent, and where convulsions have developed.

Albuminuria in pregnancy is frequently a forerunner of eclampsia, but in all cases of albuminuria we do not have eclampsia, nor do we have albuminuria in all cases of eclampsia. Eclampsia of a fatal type is met with where neither casts nor albumin are found in the urine. Albuminuria may or may not depend upon organic renal disease and it may not lead to organic disease. We have some cases of eclampsia coming from toxæmia, possibly urinary in character, as the urea is diminished in amount, as is also the total quantity of urine secreted; the question, therefore, which the physician has chiefly to face, is the immediate risk to mother and child if pregnancy be allowed to progress to term, remembering that in no given case can it be predicted that emptying the uterus will ward off convulsions; also the interference with gestation will excite convulsions. It evidently is a most complex problem.

I resort to recognized methods of treatment for albuminuria, if the woman's conditions indicate labor. I assist and hasten the delivery, but I do not indorse the induction of premature labor unqualifiedly for relief from eclampsia. I believe, if delivery will relieve, nature will indicate it by symptoms of labor in cases of threatened convulsions. I think to empty the uterus will insure an attack unless nature indicates the necessity of such a procedure for relief.

It must not be forgotten that albumin may be absent and yet a deep toxæmia be imminent. Therefore the sound rule, test for urea.

There are pages written pro and con the induction of premature labor in eclampsia, yet I do not think it an indication for such

a procedure unless labor is imminent: then it is proper to assist nature, but to force her to deliver without symptoms being present will likely help "out of the mud into a bottomless mire."

The methods of induction of premature labor are numerous. I shall mention the objections to some of them most in practice, also give in detail the technique of the one I consider the best and safest.

Administration of medical agents are unreliable. Injecting water or air between the membranes and uterine walls would be effective, but is likely to rupture the membranes, thus imperiling the life of the child, and may prove fatal to the woman from entrance of air into the uterine veins. Vaginal irrigation with hot water is slow and doubtful of action and may cause local congestion, which is dangerous to both mother and child. Electricity hastens and increases contractions when labor has begun, but, used alone, is problematical in effect, as well as highly uncertain. There are five other methods which are principally used by authorities and operators at the present time. 1. Puncture of the membrane. 2. Tamponade of vagina. 3. Injection of glycerin. 4. Insertion of elastic bougie between membrane and uterine wall. 5. Mechanical dilatation of os uteri.

Puncture of membranes was formerly very popular with the Vienna school, and it will certainly induce labor and, when aseptically performed, is safe to the mother, but not to the child, because of premature rupture of membranes and loss of dilating amniotic wedge, which precedes the presenting part of the fetus with retained fluid which prevents violent contractions of uterine walls and exhaustion to the child before it is delivered.

Induction of premature labor by means of tamponade is neither safe to mother nor child, on account of the length of time required to dilate the uterus. It well fills the place under this subject, if there exists a hemorrhage of a serious type. Aseptic gauze should be used and aseptic care should be observed.

Injection of glycerin for premature labor has been both popular and successful in Germany. When glycerin is injected into the uterus between the membranes and the uterine walls, it acts by causing exosmosis from the amniotic sac. There is a profuse secretion of fluid from the uterus, and concomitantly uterine contraction will set in. The objections are its being uncertain in action and the great length of time required when it does act.

Insertion of elastic bougie between the uterine walls and membranes, for induction of premature labor, is perhaps resorted to

more than any other method. It usually succeeds, but is sometimes slow. Like any of the methods which require the introduction of a foreign body, it is likely to rupture the membranes and exhaust the child, it also may cause a hemorrhage, either open or concealed, and endanger life of both woman and child. The elastic bougie is not easily aseptized, consequently sepsis may arise from the operation.

The last and most successful method of inducing premature labor is dilatation of the cervix. Cleanse the intestinal canal; at least relieve the lower bowel. The bladder is emptied and the field of operation is aseptized. Place the patient in a position most comfortable to her and most convenient to the operator. Dilate cervical canal sufficiently to introduce sterilized gauze up to, but not into, internal os. Pack the canal thoroughly, leaving the remainder of the gauze in vagina. Wait ten to twenty-four hours for uterine contraction to begin. If it does not take place, withdraw gauze and repack. If contractions do not occur from this it will soften the neck and os so that the attendant has the case under control and may be able to continue and complete the dilatation with the fingers.

In fact, I think the finger, the "accouchement forcé," the best dilator in most cases. Dilatation by use of Barnes' bag and McLean's bag is practiced by some with success.

Any aseptic method of dilatation, to my mind, is the ideal one for induction of premature labor. It evokes uterine contractions and simulates more closely natural labor than any other method. They preserve the membranes intact until the second stage is well begun, thereby lessening the risk to the child.

Prognosis depends upon cleanliness, the condition of the woman and child at time of operation, the cause for which labor is induced, the period of gestation, and the opportunity for election in the performance of the operation. In fact, the first and last named are the keynotes of success. Certainly the success, so far as the welfare of the child is concerned, depends largely on the period of gestation. In hospital practice it ought to be possible to save, with the use of incubator and forced feeding, eighty-five per cent of children born under operation for induction of premature labor; with an increase of mortality rate compared to the decrease in the period of gestation.

Under modern methods and strict observance of cleanliness in operating, the mortality rate in woman is less than one per cent,

and this low rate should be farther reduced if the constitutional conditions were more normal in character and emergencies did not arise which hastily compel the attendant to elect a method of operation otherwise not well chosen.—*Reprinted from the Journal of Obstetrics, Gynecology, and Pediatrics.*

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## TUMORS OF THE UTERUS.

L. E. RUSSELL, M. D.,

Professor of Clinical Surgery and Gynecology in the Eclectic Medical Institute, Cincinnati, Ohio.

Tumors of the uterus have been classified according to the structure involved, viz.:

First—Submucous.

Second—Subperitoneal.

Third—Interstitial.

The submucous variety generally pushes downward into the cavity of the uterus, bulging through the external os-uteri.

The subperitoneal, on the other hand, elevates the peritoneal covering of the uterus, where is least resistance, and protrudes into the pelvic and abdominal cavity, endangering life by pressure on abdominal viscera.

The interstitial tumor incorporates the muscular structure of the uterus and receives the name of myoma, or fibro-myoma; or if we find that there is a malignant condition, fibro-sarcoma would be an appropriate name to be given to the lesion.

The majority of all of the above named lesions of the uterus generally involve the upper half of the body of the uterus and the posterior wall, the more common part involved. Occasionally, however, the tumor involves the uterine cervix, in which event, in the child-bearing woman, great danger is ever present on account of the rapid growth of the tumor, obstructing the exit of the child at the time of labor, requiring surgical interference either in the form of Porro's operation, or the destruction of the child and its removal by morcelllement.

For the sake of convenience, tumors of the uterus are again divided into malignant and non-malignant. The non-malignant is exhibited in early life among the better or well-to-do class of people, and more frequently assaults the sterile class. On the other hand, carcinoma is more often found among the child-bearing class and after the twenty-fifth year of life.

One of the ordinary methods of diagnosing the difference between fibroids and carcinoma is this: In the fibroids there is a building up of tissue, while in carcinoma there is a breaking down, eating, or destruction, with impaction into surrounding tissue. In both lesions we have hemorrhage as a rule, but the non-malignant, or fibroid class, have a pretty constant history of intermittent hemorrhages, while with carcinoma the hemorrhage is due to destruction of the cervical tissue and the eating off of blood vessels, allowing a constant bleeding, with a watery, acrid, offensive discharge.

We might say all fibroids are, at the inception, interstitial or intramural, and as they increase in size, they make exit through the tissues where there is the least possible resistance, and, as above suggested, become submucous or subperitoneal.

The fibroids, as a rule, cease active manifestations at the time of the menopause, remaining indolent the remaining days of the patient; although occasionally they are destructive on account of their breaking down, and become very dangerous and hazardous if not speedily removed. Occasionally, however, at the menopause, when the drainage by nature has ceased, these tumors assume an activity which speedily enlarges the morbid growth, making surgical interference necessary on account of pressure upon vital organs or obstruction of the intestines by pressure and incorporation.

From what has been said in regard to fibroids we might summarize as follows:

- (a) Menorrhagia.
- (b) Dysmenorrhea.
- (c) Heaviness.
- (d) Anæmia.

The patient's condition is manifest by a tawny, bloodless appearance of the face and extremities, with uneasy sensation in the pelvis, due to the weight and pressure of the tumor, affecting the bladder and rectum; while with carcinoma we have a sensation of cutting pain, with soreness and a constant offensive discharge.

As to the line of treatment offered in any of the above lesions, it seems fairly well established in the twentieth century that surgical interference offers the only avenue of relief to these unfortunate patients. Medications, electricity in all forms, including the X-ray, have failed to record lasting success.—*Eclectic Medical Journal*.

# CURRENT ECLECTIC MEDICAL LITERATURE.

## The Eclectic Medical Journal.

Vol. LXVI, No. 8. March, 1906.

- |  |                     |
|--|---------------------|
| 1. Cascara Sagrada, - - - - -                      | HERBERT T. WEBSTER. |
| 2. Treatment of Intermittent Fever, - - - - -      | JOHN A. BURNETT.    |
| 3. Confidence in Drugs, - - - - -                  | WM. H. RUSSELL.     |
| 4. Diphtheria, - - - - -                           | HARRY D. TODD.      |
| 5. Felons and Catarrh, - - - - -                   | O. D. R. KIRK.      |
| 6. Fractures, - - - - -                            | CHARLES A. DEWITT.  |
| 7. Parisian Medical Chit-Chat, - - - - -           | T. O. MINOR.        |
| 8. Hydrocele—Operation for Its Radical Cure, - - - | E. F. DAVIS.        |
| 9. Fracture of the Femur, - - - - -                | J. J. ENTZ.         |
| 10. Seton Hospital Reports, - - - - -              | L. E. RUSSELL.      |

1. Dr. Webster's paper is reproduced in this issue of the GLEANER.

2. From Dr. Burnett's paper on the treatment of intermittent fever we quote the following:

"In the beginning of the treatment of intermittent fever in sthenic cases, an emetic of lobelia is very important. It should be given in broken doses, with plenty of warm water. The emetic clears the stomach, starts the glandular system into active function, enhances secretions, arouses the nervous system, and relieves the brain of sluggish circulation. If an emetic is not indicated, or if preferable not to use it for any cause, the liver should first receive attention, as hepatic stimulants are needed in all cases. Specific chionanthus, given in fifteen or twenty drop doses, three or four times a day, will arouse the liver and clean a coated tongue in a short time. It is, in my opinion, the best hepatic stimulant in the materia medica. In many cases it can be combined with specific berberis or specific euonymus with advantage. The indications for chionanthus are: 'Clay-colored stools, high colored urine, tenderness and pain in region of liver.' The following is a good all-round hepatic stimulant, and is very useful to arouse the liver: R Specific euonymus, specific leptandra, specific zingiber, aa. 3ij. M. Sig. Dose, five drops every four hours until the discharge from the bowels is the color of bright new wheat straw or a frothy appearance, then give less frequent. \* \* \* Chelidonium has been used with good results as a liver stimulant. The Eclectic indications for it are: 'Full, pale, sallow tongue and mucous membrane, skin pale and sallow,

sometimes greenish.' Dose of specific chelidonium, one to ten drops. Drastic purgatives should not be used in the treatment of intermittent fever, but hepatic stimulants used in their place. When the liver has been aroused, then anti-periodics should be used. The following is an anti-periodic which can be relied upon in any malarial district:  $\mathcal{R}$  Specific gentian; specific hydrastis, aa. 3iv; specific cascara, 3ij; salicin, gr. xx; comp. tinct. myrrh, 3j; simple syrup, ʒviij. M. Sig. To keep a chill off, give one drachm every hour for six to ten hours, beginning so the last dose will come one or two hours before the chill is due. All other times give a drachm every three hours. After keeping the first chill off, use it the same way before the second and third chill times, and then three hours apart for several days. If those who practice in malarial districts would give this prescription a trial they would quit their large head-splitting and stomach-disturbing doses of quinine. This compound can be flavored or disguised with most anything, such as sweet flag (calamus), cinnamon, anise, and many other things. It may be necessary to do this occasionally to keep patients from thinking you use one remedy too often, or that you use one remedy for most everything. *Alstonia constricta* is a reliable anti-periodic. I have used it extensively here within two miles of the Arkansas River, which is considered a malarial district, and find it can be relied upon. To keep a chill off with powdered alstonia, give one grain every hour for six or ten hours, beginning so the last dose will come one or two hours before the chill is due. At other times give two or three grains every three hours. I have experimented with cinchona bark, the sulphate, bisulphate, arsenate, and hydro-ferrocyanide of quinine, and find from experience that the bark is a more reliable anti-periodic than these alkaloidal salts. I have also found that patients can take cinchona without any untoward action who can not tolerate quinine, and it will not produce hematuria, as quinine occasionally does. I find that cinchona gives best results when given in small doses. To keep a chill off, give three or four grains every hour for six or ten hours, beginning so the last dose will come one or two hours before the chill is due. At other times give five grains every three hours. An infusion will act quicker and better than the powdered bark. Specific cinchona can be used in place of these. Calamus (sweet flag) will increase the anti-periodic action of cinchona. Cinnamon will make it more pleasant to the taste and more acceptable to the stomach, and prevent any tendency to hematuria. Hydrastis is a very useful remedy to combine with cinchona in many forms of intermittent fever, as it is an anti-periodic and cholagogue of no little value. \* \* \* I have found by experience that ten-grain doses of potassium bromide are far superior to ten-drop doses of specific gelsemium in relieving malarial headache and the convulsive tendency that is present in some cases when the fever runs high. This convulsive tendency more often occurs with children, and occasionally they have convulsions. I know one man, who has a large family, keeps potassium bromide on hand all the time, as when any of the children have much fever, they have convulsions if it is not used.

When the above fever compound is used, potassium bromide is not often needed. When there is any nervousness during fever, *cypridium* should be added to the above fever compound, and when there is much pain, add sodium salicylate (made from oil of wintergreen). When the heart skips beats or needs sustaining, specific cactus is the remedy. It is the best heart-sustainer in the *materia medica*, and will pick up a skip beat quicker than any remedy. \* \* \* In chronic intermittent fever, when the spleen is enlarged, the following will be of value:  $\mathcal{R}$  Potassium iodide,  $\mathfrak{z}\mathfrak{v}\mathfrak{j}$ ; fluid extract *phytolacca*,  $\mathfrak{z}\mathfrak{i}\mathfrak{j}$ ; tincture of *sanguinaria*,  $\mathfrak{z}\mathfrak{j}$ ; simple syrup q. s.,  $\mathfrak{z}\mathfrak{v}\mathfrak{j}$ . Sig. Dose, one drachm three times a day. \* \* \* Patients with intermittent fever do not often have diarrhoea, but occasionally they do, children more often than adults. When this is the case, the following can be used:  $\mathcal{R}$  Fluid extract *coto bark*,  $\mathfrak{z}\mathfrak{i}\mathfrak{v}$ ; neutralizing cordial,  $\mathfrak{z}\mathfrak{j}\mathfrak{ss}$ . M. Sig. Dose, one drachm every one to six hours, as needed. All patients with intermittent fever should have all the lemonade and orangeade they desire, as it is very important. During convalescence Howe's acid solution of iron or calcium lactophosphate (soluble) will often be very useful."

Dr. Burnett finds specific aconite, gelsemium, and veratrum of no value in this form of fever, but uses a febrifuge of equal parts of lobelia, *asclepias*, and *crawley*, given in small and repeated doses until the patients begin to sweat, then only enough to barely keep them sweating.

3. Dr. Russell criticises the use of combinations of specific medicines and ordinary fluid extracts and tinctures, as used by the writer of a paper whom he criticises. He also condemns the recommendations advanced to use rather liberal doses of acetanilid, and declares that the coal-tar preparations have gone out of fashion even in the old school and that acetanilid has killed its thousands.

4. Dr. Todd, in a paper upon diphtheria, touches briefly the symptoms and recommends the remedies so commonly employed by Eclectic physicians—aconite, gelsemium, belladonna, *phytolacca*, tincture of chloride of iron, *baptisia*, potassium chlorate, *echinacea*, and potassium bichromate, according to their accepted indications. Chloride of lime is recommended both for inhalation and for disinfecting the excreta. A solution of sanguinarine nitrate with acetic acid is advised in the croupous form or pseudo-diphtheria (showing no *Klebs-Loeffler bacilli*).

5. Dr. Kirk considers "felon" under felons (subperiosteal) and "catarrh"—probably a provincial name for a subcutaneous inflammation about the nails, which is never at first deep-seated. Deep incision is the treatment advised for the first; superficial in-



cision for the last, never cutting deeply lest infection be carried to the bone. For the "pouching or blooming" of tissue which follows, he uses carbolic acid (melted crystals) or potassium sesquicarbonate as indicated, followed by a poultice.

6. Dr. DeWitt, in considering fractures, describes the splints used by him, and as a dry dressing, when required, uses bismuth formic iodide. The doctor keeps on hand ready-made splints which he makes as follows:

"They are of basswood, one-eighth of an inch in thickness and from one-fourth to one-half inch in width, and in various lengths up to two feet. In making the short splints, I took four pieces and bound them together with adhesive plaster, leaving a space between of a quarter of an inch. Of the long splints, I took seven of the strips and fastened the same way. The advantage of these splints is, that they are light, strong, and partially encircle the limb, which makes the chances of the ends slipping much less. The idea of these splints was taken from seeing a cut of the Gooch splint."

8. Dr. Davis gives the diagnostic points of hydrocele. If there is any doubt introduce the exploring needle. If you find fluid and no feces you are positively sure of your diagnosis. He advises Howe's method of cure, concerning which he writes:

"I think the best remedy for radical cure is Thuja. After removal of the fluid from the scrotum, I take one part of Thuja and two parts of distilled water; have it lukewarm; inject the solution into the tunica vaginalis by having a small syringe to exactly fit the head of the canula; then place your thumb of left hand over the mouth of canula and manipulate the scrotum until every part of the inner side of the tunica vaginalis has been touched with the solution; then remove your thumb and let the fluid pass out. Then withdraw the canula and put the scrotum in a suspensory bandage, so it will be kept in its proper place for from ten to twenty days. Have your patient keep as quiet as possible two weeks. Your patient will get well, and remain well cured entirely within twenty days. It is very important that your bandage should fit properly, so the scrotal sac will remain at rest when the patient is moving around."

9. Dr. Entz relates a case of badly set fractured femur in which there was four inches shortening through overlapping of the fragments, and in which lateral union had taken place. The limb had been pronounced "all right" by the attending surgeon. Refracture was attempted but not accomplished, a procedure which seems easy according to the author's accounts. Abandoning this method, Dr. Entz proceeded as follows:

"A six-inch incision was made on the outer lower leg, over the seat of the fracture; the union was broken up by chisel and hammer. The ends were cleaned off, and extension made to bring ends together. The wound was then aseptically dressed; the leg from toe to hip was put in plaster of paris. Extension by weights was put on foot in order to keep bones in apposition (separation). The patient was kept in bed for six weeks, when plaster of paris bandage was released. The incision had healed by immediate union, but the fracture had not united; it was now a simple un-united fracture. Three more weeks we waited to see results, which were negative. Another operation was decided on. The incision was made a trifle higher in order to evade the cicatricial tissue; the muscular bands were cut, and the ends of the bones were cleaned off, as in the first operation; one hole was drilled on the anterior surface of each end of the femur and an ivory peg inserted; the pegs were then firmly tied with silver wire sutures; another ivory peg was laid parallel on the posterior surface of the femur, and silver wire sutures were thrown around the femur and ivory pegs. This held the ends of the bones from slipping, and a firm coaptation resulted. The wound was again aseptically dressed and the leg put in plaster paris; at the end of four weeks union had taken place. Eight weeks after the second operation the patient was sent home with a straight leg, excepting one inch shortening."

10. Dr. Russell reports operations for epithelioma and tubercular lesion of left condyle of the femur, and details the diagnosis of abdominal ascites due to chronic nephritis. For the latter he prescribed R Specific apocynum, 3iv; tincture of buchu, 3ij; specific digitalis, 3j; water, 3viiij. Mix well. Sig. One teaspoonful every two hours. Patient improved 20 per cent in one week with three-inch decrease in abdominal measurement. Dr. Russell believes that epithelioma will yield to X-ray treatment better than to any other known method.

Vol. LXVI, No. 4. April, 1906.

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|--|----------------------|
| 1. The Medical Treatment of Diphtheria, - - - -      | H. L. HENDERSON.     |
| 2. Eclecticism in Southern California, - - - -       | J. A. MUNK.          |
| 3. Neuritis, Rheumatism, and Sciatica, - - - -       | LYMAN WATKINS.       |
| 4. Herbs as Medicines, - - - -                       | CHARLES L. OLSEN.    |
| 5. Fracture and Supposed Dislocation of the Femur, - | W. B. CHURCH.        |
| 6. Tumors Simulating the Human Form, - - - -         | L. E. RUSSELL.       |
| 7. Treat Your Patient—Not Pneumonia, - - - -         | THOS. B. WILLIAMSON. |

1. Dr. Henderson presents an excellent article on the medicinal treatment of diphtheria. The first part is devoted to a consideration of the historic fact that every great truth resulting in finally accepted theories has been opposed by skepticism and doubt. Truth

has finally triumphed, however, for laws of nature do not vary, and the same is true as to medicines. If the conditions are properly diagnosed and the known remedy for such conditions selected, the result will be that which is to be expected from that drug. We will reproduce the second part of Dr. Henderson's paper in a future issue of the GLEANER.

2. Southern California is now a stronghold for Eclecticism. Dr. Munk contributes a historical paper showing that the first Eclectic physician to locate in Los Angeles was Dr. G. W. Finch, in 1882. Since 1890 the number has greatly increased. Dr. Munk located there in 1892. In 1897 the Southern California Eclectic Medical Association was formed in Dr. Munk's office. Dr. T. F. Kellegan, of Santa Barbara, was made president. Dr. O. C. Welbourn located there in 1901, having just returned from a two years' trip abroad, where he visited the great hospitals of Europe. In October of 1903, the Los Angeles County Eclectic Medical Society was organized in Dr. Welbourn's office. The first president was Dr. J. C. Solomon. In 1901, Dr. Welbourn became interested in the Deaconess Hospital, conducted under the auspices of the First German Methodist Episcopal Church, and was elected its medical director. He at once planned and superintended the construction of a new hospital building, and appointed an Eclectic staff. It has received the unqualified support of all the Eclectics of Southern California, to whom it gives splendid facilities and good professional standing. The *Los Angeles Medical Journal* appeared in 1904. The Los Angeles Eclectic Policlinic was next established with Dr. Munk as dean. European methods of individual instruction and small classes were adopted, and the first graduate was William P. Byron, M. D., who also successfully passed the State Board examination. In all these educational movements, Dr. Welbourn, who shows exceptional organizing and executive ability, and whose skill as a surgeon is unquestionable, took the initiative, and their success is largely due to his efforts. The new medical law of 1901 provides for a State Board of Examiners to examine all applicants to practice in the State and to issue licenses to the same. Two Eclectics, two Homœopaths, and five Regulars, elected by their respective State societies, form this board. Dr. L. A. Perce, of Long Beach, elected the first year and for four successive terms as the Southern California Eclectic member, served as president of the board last year. The field, though new, is promising for Eclecticism.

3. Dr. Watkins's paper is reproduced in this issue of the GLEANER.

4. Dr. Olsen's paper will be reproduced in a future issue of the GLEANER.

5. Dr. Church reports a case diagnosed by several physicians as sciatica which became aggravated through a fall. Pain, soreness, stiffness, and disability in hip and thigh were the symptoms, and the patient had to resort to crutches. An osteopath diagnosed it dislocation of the femur and attempted reduction under anæsthesia, which resulted only in aggravation of the case in all respects. X-ray, vibratory, massage, and hot-air treatment were tried with some relief. The case then came into Dr. Church's hands. Dr. Otto Juettner made a skiagraph of the hip. The condition was as follows:

"The foot was everted, knee and thigh slightly flexed. There was fullness and tenderness on pressure in the groin. Mobility was restricted within narrow limits, and any attempt at passive motion caused pain. Measurement from the superior spinous process of the ilium to the internal malleolus showed an inch of shortening. Nelaton's line showed upward and backward displacement of the great trochanter, and there was considerable lengthening of the base line of Bryant, with flattening of the gluteal region. A little external, but on a level with the right tuberosity of the ischium, a globular bony tumor was easily palpable, that closely simulated in size and shape the head of the femur. It was sensitive to pressure, and seemed to move with the limited movement of the shaft. This was the most difficult symptom to interpret, as it seemed so unquestionably the head of the femur. Yet, admitting it to be such, it at once raised questions, in connection with other symptoms, that could not be satisfactorily answered. If it was really what it seemed to be, it would be positive evidence of dislocation. Its indication, by its position, was, too, a backward dislocation, which should have caused inversion of the foot instead of existing eversion, and adduction instead of abduction. Its convex surface pointed downward, so it must be completely severed from all connection with the shaft; yet it moved with the latter. A diagnosis of fracture of the anatomical neck was made, and operation advised; decision reserved as to dislocation."

Operation in Dr. McLachlan's sanatorium revealed a broken femoral neck with caries, the head being denuded of cartilage and periosteum.

"Reviewing the case with the benefit of experience and observation afforded by the operation, together with the valuable evidence

rendered by the skiagraph, for which we are so much indebted to Professor Juettner, the difficulty in the diagnosis above mentioned has been cleared up. The bony prominence alongside the ischial tuberosity was the small trochanter, which the picture shows to be of unusual size. It was displaced by the same force which fractured the neck, and displaced the great trochanter. We are also able to say that the lesion produced by the fall was an impacted fracture of the anatomical neck of the femur; and we can not avoid a strong suspicion that the manipulations of the Osteopath were most ill advised and unfortunate, directly calculated to interrupt natural attempts to repair, and provoke absorption of any bony exudate that may have existed. Both the patient and Dr. McLachlan agreed that the pain and disability were increased by this attempt to reduce a supposed dislocation. The regular physician, who acted as anæsthetist for the Osteopath, said that the attempt, although unsuccessful, was persistent and well directed. It is notorious that this class of practitioners discover dislocations which are quite unsuspected by any other. Fortunately their treatment is not always so disastrous. They are especially mischievous in such cases as the one under consideration, however much they may offset by the good they do to other cases."

6. Dr. Russell reports a case of tumor, with half-tone illustration, simulating the form of the human fetus, and reviews the classification of tumors of the uterus according to the structures involved, viz.: Submucous, subperitoneal, and interstitial. Cases such as he reports are frequently difficult to diagnose from pregnancy.

7. Dr. Williamson charges the Regular school with 25 to 40 per cent mortality in pneumonia, and declares that under Homœopathic and Eclectic treatment only 3 to 5 per cent of deaths occur. The former rely on strychnine from the start, add brandy in a few days, and employ morphine for the pain. Such treatment he does not consider scientific. He writes:

"The only scientific treatment for any disease is to treat the condition as it advances itself, and in the first stage of pneumonia in a strong man, you will find a sthenic type of fever and a full, bounding, or a hard, wiry, non-compressible pulse. This calls for veratrum, and veratrum will relieve that condition. On the other hand, if you have a child or woman to deal with, you are most likely to find an asthenic type of fever, with a small, weak, and rapid pulse. Use aconite, and if the child shows signs of passive congestion, dilated pupils, sleeps with eyes half open, rolling head from side to side, use belladonna, and for the pleuritic pain use asclepias, and for pains running through the lung tissues use bryonia. If you have difficult breathing, use lobelia, and as an expectorant use ammonium chloride."

## The Los Angeles Journal of Eclectic Medicine.

Vol. III, No. 2. February, 1906.

- |                               |           |                 |
|-------------------------------|-----------|-----------------|
| 1. Experiences in Old Mexico, | - - - - - | GEORGE W. FINCH |
| 2. Irreducible Hernia,        | - - - - - | OVID S. LAWS.   |
| 3. The New Inland Sea,        | - - - - - | J. A. MUNK.     |
| 4. Musings of the Cynic,      | - - - - - |                 |

1. Dr. Finch, who has visited "Old Mexico," answers the oft-repeated questions, "Is Mexico a good field for the medical practitioner?" and "What about the Laws?" In reply to the first he writes:

"From my point of view I consider Mexico a good field for the American physician—at any rate for some of the younger men. I believe there are many good openings there for men of our school, of whom at present there are but few, if any. Mexico has a good many American doctors, but outside of the capital the number is small, and they are found only occasionally in the larger towns and about mining camps. A number of the larger mines are owned by Frenchmen or Germans, and in such cases French or German physicians are employed. When we know that our miners and men of other enterprises are crossing the border every year by hundreds and that millions of American money is being invested in the undeveloped resources of the country, we can come to but one conclusion, and that is, that wherever other Americans can go in numbers and succeed, there also the American doctor can go and succeed."

After several attempts to register as a practitioner of medicine, as advised by local authorities, evidently with a view to "graft," Dr. Finch applied to the American minister, who informed him that there was no medical law in Mexico. An uneducated physician is not tolerated in Mexico and the doctor relates that eighty-three years before Harvard opens its doors "the University of Mexico had been founded, and with it the first chair of medicine on this continent. Soon afterward medicine was followed by anatomy and surgery, and in 1661 dissection was authorized by royal decree." The unsanitary receptacles for carrying water for drinking and for use in the arts is referred to, and the doctor states that it is strange that any one is well. Among the prevalent diseases he mentions yellow fever, cholera, and bubonic plague (introduced three years ago), pneumonia, mountain fever, typhoid fever, malarial fever, goitre, and "black heart." Of the latter and mountain fever, he says:

"Before crossing the line, and afterward, I heard much regarding a disease called 'Black Heart,' of which many were said to be dying.

Many did die at that time and it is still referred to by miners and others as the 'time of the black heart.' According to report, a person suddenly is taken ill, the heart and region about it turns jet black and death takes place within a few hours. Much excitement prevailed in the camp, and miners at the first sign of illness of any kind would quit their work and get out of the country. I never found any one who could explain what this disease really was, but my own investigation led to the conclusion that it was pneumonia. I believe in the first case of sudden death there was some unusual condition about the heart and chest, which caused the blackened appearance, and that this case was followed in rapid succession by many sudden deaths, for it was no unusual thing for a man to be taken sick with pneumonia and die within twenty-four to forty-eight hours. There was also prevalent a type of fever which some of the physicians call typhoid, the clinical appearance of which was more like the mountain or continued malarial fever, with temperature ranging from 102 to 104 with irregular remissions in which the temperature would fall to within less than a degree of normal. There was much gastric and intestinal disturbance, and the duration of the fever was about fourteen days. The symptoms did not closely conform to typhoid. During this time, nearly everybody had something the matter with the stomach. Between bad food, bad sanitation, bad water, and bad mescal, it did not seem strange that so many had bad stomachs. Mountain fever is a name that has been given to general fevers occurring in the mountainous regions of the West and Southwest without any very accurate diagnostic signification, and it may be either typhoid or malaria complicated with ptomain or mineral poison. A close examination will reveal the true condition; and in meeting these conditions specific medication plays well its part and brings success to the Eclectic."

2. Dr. Laws tells of his ineffectual efforts to reduce a hernia in a patient whom he thought too weak to stand an operation. He writes:

"By her bedside she had a bottle of kerosene saturated with gum camphor, that she used for cramps and pains in her limbs often. So she began to apply the liniment to her painful tumor by wetting her fingers freely, and grasping the mass, and slowly picking up portions of it as she brought her fingers together. Little by little the parts became soft and slid back till all went in, and you can guess at my astonishment and relief when I was summoned and told what she had done. Since that, so-called 'Irreducible Hernias' have had no terrors for me."

3. Dr. Munk gives an account of the formation of the Salton sink and the newly-formed Salton Sea in Southern California, produced by the accidental diversion of the Colorado River, while constructing a canal to the Salton sink. The probable outcome will be a new outlet for the river to the ocean, and much damage has

been down to the farming and business interests by this change in the course of the channel of the Colorado.

Vol. III, No. 8. March, 1906.

1. *Chionanthus Virginica*, - - - - - JOHN WILLIAM FYFE.
2. Tuberculosis, Climate, and the Great Southwest, - J. A. MUNK.
3. High Frequency Electrical Currents, - - - - - O. SHEPARD BARNUM
4. Clinical Reports from Los Angeles Eclectic Polyclinic, J. PARK DOUGALL.

1. Dr. Fyfe writes of *chionanthus* and gives an illustrative case showing its therapeutic value. He uses it

"In all conditions which cause the skin to resemble copper in color, but shading a little more on green, it is the most certain remedy in our materia medica, whether the cause be one of jaundice, the formation and passing of gall-stones, bilious colic, acute dyspepsia, acute or chronic inflammation of the liver, or the irritable liver of the drunkard. Its influence over the glandular system is of an unmistakable character. A sallow skin and a yellowness of the conjunctiva are good enough indications for *Chionanthus*, regardless of the location or name of the patient's affliction.

"In persistent diarrhea, when the stools are thin, watery, and frothy, with distension of the abdomen just previous to the paroxysms of diarrhea, it affords prompt relief. It also speedily exerts a curative influence when there is pain in the stomach and through the abdomen and everything taken into the stomach increases the patient's suffering. As a tonic during recovery from bilious fever and severe intermittent fever *Chionanthus* is highly esteemed. The following are prominent specific indications for *Chionanthus*: Skin resembling copper in color, but shading a little more to green; pain in the epigastrium and right hypochondrium; yellowish or greenish discoloration of the eyes. The dose of specific *Chionanthus* (or a good fluid extract) is from 1 to 20 drops."

2. Dr. Munk reviews the criticisms which have been made concerning the sending of consumptives away from home to die. It is essential to recognize three classes, those in the first, second, and third stages. The first has a cold that he can not get rid of, bronchitis, shortness of breath; no bacilli are detectable but they are surely there. The patient in the second stage does not look much worse than the first, but there are physical signs, fever, and may be hemorrhage. These patients of the first and second stage may be cured by the climatic influence with the needed rest from excitement, the care being dependent upon the verdict of the clinical thermometer. The third-stage class are almost ready for the bed, look consumptive, and betray their condition to every one. These



patients should not be advised to leave home. The paper offers much good and needed advice and we may reproduce it in part or the whole.

3. Dr. Barnum's paper deals with the source, properties and use of the high-frequency current, and is of interest chiefly to those who use electricity in their practice.

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### Modern Eclecticism.

Vol. II, No. 3. February, 1906.

1. Treating the Sick, - - - - -	C. D. R. KIRK.
2. <i>Grindelia Squarrosa</i> , - - - - -	JOHN ALBERT BURNETT.
3. Enlargement of the Spleen, - - - - -	JOHN ALBERT BURNETT.
4. Tonsillitis, - - - - -	
5. Diphtheria, - - - - -	J. O. CUMMINS.

2. Dr. Burnett refers to the fact that but little *Grindelia squarrosa* is in the drug market, and that that which is usually sold for it is *Grindelia robusta*. The former, he contends, is a useful remedy in chronic malaria, with enlargement of the liver and spleen. He considers the infusion and gives the opinions of authorities to whom he has written concerning it. Pharmacists generally agree that the virtues reside in a resinous body and but little of this, together with a volatile oil, both in a sort of emulsified state, can be taken up by the water.

3. Spleen remedies are briefly discussed by Dr. Burnett. Among those mentioned are *grindelia squarrosa*, berberine muriate, *ceanothus*, *chionanthus*, ammonium chloride, *eunonymus*, *phytolacca*, croton oil (externally), quinine arsenate, mercury bichloride, potassium iodide, and *stillingia*. He suggests that the light and color department of therapeutics might offer advantages in the treatment of enlarged spleen.

5. Dr. Cummins reviews the symptoms and history of diphtheria, and suggests treatment along the generally accepted lines. As a local application he says nothing has served him better than a solution of potassium chlorate and sodium sulphite. The chief internal remedies advised, following their usual indications, are aconite, *rhus*, *phytolacca*, *echinacea*, *baptisia*, sodium sulphite, potassium chlorate, tincture of chloride of iron, and belladonna. *Stillingia* liniment, alone or alternating with vinegar or turpentine, forms a good inhalant.

## Vol. II, No. 4. March, 1906.

1. The Sympathetic Nervous System, - - - - CHARLES M. L. WOLF.
2. Stenosis of Eustachian Tube, - - - - J. H. POWELL.
3. W. M. Durham, M. D., - - - -
4. Erysipelas, - - - - J. M. SALTER.
5. Selection of the Twenty Most Useful Remedies in  
Regular, Homœopathic, Eclectic, Physio-Med-  
ical, Dosimetric (Alkaloidal), Burgess Method,  
and Veterinary Practice, - - - - JOHN ALBERT BURNETT.

1. Dr. Wolf presents a good paper on the anatomy and physiology of the sympathetic nervous system, and shows how its impairment leads to many forms of physical disorder. The paper is intended to stimulate study in this direction and should therefore be read in full.

2. Dr. Powell briefly considers Eustachian stenosis. Of treatment he says:

"Treatment is directed to the removal of the cause. First, the catarrhal conditions must be attended to; second, any abnormal conditions of the nasal cavities must be corrected; third, the cure of the stenosis by passage of sounds, and medicated inflations must be persisted in until the hearing is restored and all symptoms of the trouble or troubles have disappeared."

3. This brief article is an appreciation of Dr. W. M. Durham, Emeritus Professor of Surgery in the Georgia College of Eclectic Medicine and Surgery, and for a quarter of a century secretary of the Georgia State Eclectic Medical Society. It is accompanied by an excellent half-tone portrait of this veteran Eclectic.

4. Dr. Salter reports a severe case of erysipelas treated successfully as follows: One dram of magnesium sulphate every two hours until the bowels acted. Internally the following was given: R Specific jaborandi, 3ij; specific apis, gtt. x; specific echinacea, 3ij; water q. s., ʒiv. Mix. Sig. One teaspoonful every hour until tongue and skin were moist, then every two hours. Locally, cloths saturated with a 25 per cent solution of specific echinacea were applied.

## Medical Arena.

## Vol. XVII, No. 2. February, 1905.

1. Clinical Notes from My Surgical Cases, - - - - B. E. DAWSON.
2. Gelsemium, - - - - W. W. MARTIN.
3. Therapeutics of Light and Color, - - - - JOHN ALBERT BURNETT.

1. Dr. Dawson relates a case of appendicitis in which pus burrowed up behind the liver. Operation was refused by parent and the girl (aged 13) died.

2. Ichthyol depends most largely upon sulphur for its virtues, says Dr. Wherrell, who declares it an excellent remedy. To sweet spirits of nitre he attributes the power to increase the force and rhythm of labor pains. He lauds specific baptisia, painted within the womb, as a harmless and perfect antiseptic in cases of abortion; calls attention to sulphite of sodium and sulphurous acid in stomach troubles, and advises a flannel bandage and rubbing the limb with sulphur to hasten the cure of sciatica. He also tells how he would cure morphinism.

2. Dr. Martin believes that if our time were utilized in reviewing some of our standard remedies instead of writing about proprietary medicines, more benefit would accrue to our patients. He reviews gelsemium, which he administers in doses larger than those usually employed—15 drops of specific gelsemium being about the limit to which he has gone with it. Following the Eclectic indications, he has found it of great value in spasmodic asthma, spasmodic croup, neuralgia, dysmenorrhœa, ovarian neuralgia, neuralgia of the fifth nerve, irritative cough and whooping cough, acute pleuritis, pneumonia, acute cystitis, spasms in children, and rigid os uteri.

3. Dr. Burnett offers a paper made up largely of the speculations of Dr. Babbitt (Human Culture and Cure) and indicates that the color of such bodies as capsicum, sulphur, indigo, sulphate of copper, etc., peculiarly influence the body. The paper reminds one of the olden time "doctrine of signatures."

Vol. XVII, No. 3. March, 1906.

- |   |                   |
|---|-------------------|
| 1. Gleanings, - - - - -                           | JOHN WHERRELL.    |
| 2. Prescribe in Original Packages Only, - - - - - | B. E. DAWSON.     |
| 3. Notes on the Primogeniture, - - - - -          | ALEXANDER WILDER. |
| 4. Notes From a Physician's Field Book, - - - - - | FRANK P. DAVIS.   |
| 5. Water Eryngo, - - - - -                        | W. I. STOKES.     |

1. From gleanings by Dr. Wherrell we select the following:

"Incontinence of urine—wetting the bed. Every physician knows that this condition is not easy to treat. The following, however, generally succeeds: Dissolve 1 grain atropine sulphate in half an ounce of water and give five drops three times daily before meals. As a companion to this, dissolve 1 grain of strychnine sulphate in half an ounce of water, and give ten drops after meals.—The following, for hemoptysis, will please you: Fluid extract ergot, acid sulphuric aromatic, syrup simplex. M. Sig. Teaspoonful in water every two to three hours. Note.—This is also excellent for night sweats.—If you have a case of

sour stomach and flatulence, the following will cure it or very greatly benefit it: Take five drops of beachwood creosote and half an ounce of bismuth subnitrate; triturate them together for half an hour; make twenty capsules of the mixture and give one capsule after eating, three times daily. At night just before retiring give one-half teaspoonful of vegetable charcoal.—For that ‘tired feeling,’ a doctor writes us: ‘The best thing I have found is equal parts of fluid extract of wahoo and port wine; a teaspoonful three times daily before meals. The port wine is simply a vehicle, and any other would do equally well, we presume.’”

2. Dr. Dawson enters a protest against “prescribing in original packages,” in which, he claims, the doctor is directly advertising to his patients the drug and its manufacturer. This gives the laity the opportunity to recommend that remedy to friends, and the business passes out of the hands of the doctor.

3. Dr. Wilder, in discussing primogeniture thus disposes of the subject:

“In the town where I was born lived an old man, a native of Guilford, Connecticut, by the name of Leet. He for years owned the farm next to our homestead, but not now. He was, I think, an Episcopalian, and ‘took no stock’ in emotional piety. He was addressed one day upon the ‘new birth.’ He quietly replied, ‘If individuals would be better born the first time, I would be better satisfied.’ Without taking exception to any doctrine of a palingenesis, religious or philosophic, it must be acknowledged that this utterance was full of good sense. ‘Regeneration’ is a life-work which I would have as complete as possible to the apostolic extreme of sinlessness. (1 John iii, 9.) But generation is the best preparative to begin with. A vast number of us are in a certain sense ‘lame, halt, or blind,’ and carry burdens all our lives, from the evils incident to our inception into physical life. Attempts have been made to remedy such conditions both by education and by legislation. In the latter expedient I have little confidence. We have too much meddling with personal rights as it is, and it is never done except that the work is botched. The attempt is making to enact how and by whom we shall be doctored, and the ready *fille de jole* of ‘police power’ is invoked to enable an overriding of individual, civic, and constitutional rights. It is also dreamed to dictate how and whom we may or may not marry. The notion of the crude reform is to match parents as stock raisers match their animals. Unfortunately for such a notion, human beings are psychic persons, and possess such qualities as will, imagination, intelligence, which go far to render such scientific breeding an illusion. Where there is not sentiment, affection, and worthy purpose, no prescribed mating will result in a wholesome parentage. The cuckoo song of ‘Thou shalt’ and ‘Thou shalt not’ is distinctive of every hymeneal sentiment. And it is most absolutely true that God did not make his work for man to mend. I once con-

versed with a neighbor on this matter of the geniture, insisting that we should have a proper parenting of children. 'Aye,' said he, 'but education will remedy that.' He was a 'deacon.' So I understood religious instruction to be what he chiefly meant. I never care to argue much; it never convinces, but often produces estrangement between friends. So I let this remark go undisputed. Indeed, I myself set an infinite value upon instruction. I would have it less exciting than the schools now make it, for I would have the pupil learn rather than surfeit himself with the literary and scientific matter of books which he neither cared for, nor understood, nor would recollect. I am for educating—a developing of that 'something' that is in the individual. And so far it is possible and practicable that educating should be had inside the family circle. There is a topic akin to this which is often 'gingerly' handled, but never with any proper thoroughness—the fact of children and the proper number in a family. The practice of prenatal infanticide, now so universal, is deeply to be deplored. I can not see that it is far different from homicide, though many physicians and even religious persons seem to regard it as legitimate. Yet, I am, myself, disposed to regard it as less of an evil than the bearing of undesired children. For an undesired child is likely to have an unhappy early life and more or less of a blighted career. It would be very different—to give a good reason for requiring of such a child obedience to the Mosaic precept: 'Honor thy father and thy mother.' When Sarah Bernhardt visited this country many years ago, some women of the fashionable school of morality undertook to remonstrate with her. 'Do you think it proper,' she was asked, 'to be a mother of children when not married?' She replied: 'No more so, than to be married and not have children.' 'And they being convicted by their own conscience, went out one by one.' Napoleon Bonaparte praised the women as 'worthiest who had most children. Yet in a country where every sound-bodied male was a candidate for slaughter, either in the army or on the guillotine, it was easier to invoke the blessing of the barren, and of wives that were not mothers. Our own worthy President has also spoken in deprecation of 'race-suicide' and in warm praise of large families. It sounds well, and an old-fashioned Hebrew of former periods would extol him. But we have developed a civilization which makes a family, and especially a large one, a burden which few can well sustain. In the cities it is not easy to rent rooms if the applicants have children. There have been Ghettos for Jews, but we have urgent need of a Ghetto in every city for the parents in moderate pecuniary circumstances. The result is that married couples of culture and ambition, refrain voluntarily from parentage, rather than encounter the stigma that rests upon them, and the expenditures which they will have to incur. As an American of ante-revolutionary descent, I deplore these things. I would like to see the race and stock to which I belong, predominant in this country. It is my belief that it does not even keep its numbers good. If this is the case, then another people not akin to us or in sympathy with the ideas upon which our institutions are

founded will come into the ascendant. For if they become the fittest, no matter who they may be, they will rule. To mend their matters, the beginning should be at the foundation. To teach that this and that is right or wrong does not go far enough. The true instruction will show why these things are so. Arbitrary legislation will not count for real utility. Rights must be respected or statutes will be hated and held in contempt. We must dig deep to lay our foundations. Yes, the President is right in what he means, when he stamps parenthood as meritorious. It is a sentiment to be warmly approved. For the father and mother are the mainstay of a people. Childless men and women are as parasites wherever they may be. They are not sharers like others in the weal or woe of the whole body politic, but so many products more or less liable to be only waste. But the reform is not to be by artificial palliatives. Let the aim be in all departments of the social economy to make each one's life worth the living. There is enough of good in human nature to induce each one to try to do his best; and where all are happy all will be ready to extend and diffuse that happiness. I know that this is radical, that to effect it will require changes by evolution that will seem to be revolution. But it must be. The world belongs to those who live in it, and the profounder their joys the more extensive will be their duties. And in no respect are these more imperative than as we have attempted to set forth."

4. Dr. Davis indorses alcohol in 5 to 10 minim doses every hour as a febrifuge. He finds it to reduce temperature without after depression, but rather a stimulant action. He treats rigid os with fluid extract of mistletoe, and the nausea of pregnancy with fluid extract of adroe. Solanum carried to the point of producing drowsiness has given him good results in epilepsy. Hooded clitoris is always corrected when present. In the congestive chills of malarial districts he values oil of monarda. He also reports further success with tincture of black ants in rheumatism. Formic acid does not yield him the same results.

5. Dr. Stokes extols water eryngo as an emmenagogue of superior value, and relates its domestic history in the Stokes's family. His method is to take two ounces of the pulverized root to one quart of water and boil down to one pint, filter, and add equal parts of whisky. Dose, two tablespoonfuls three times a day.

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#### **The Nebraska Physician.**

Vol. II, No. 7. February, 1906.

[The papers in this number are reprints from other journals.]

## The Eclectic Review.

Vol. IX, No 2. February, 1906.

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|---|-------------------------|
| 1. Importance of Examining the Urine, - - - - - | J. R. BORLAND.          |
| 2. The Treatment of Pneumonia, - - - - -        | ELI G. JONES.           |
| 3. <i>Chimaphila umbellata</i> , - - - - -      | W. H. WYATT<br>HANNATH. |
| 4. <i>Cimicifuga racemosa</i> , - - - - -       | J. B. HARVEY.           |

1. Dr. Borland urges the necessity of making an examination of the urine in new cases, and cites illustrative cases.

2. Dr. Wyatt-Hannath reviews the pharmacology of pipsissewa, and says of its medicinal uses:

"It has marked alterative qualities, waste and nutrition being greatly influenced. It is a tonic and a diuretic, removing dropsical effusions, and is specially useful in lesions of the skin and lymphatic glands. It may be given in scrofula, chronic rheumatism and nephritic affections. It removes irritation of any part of the urinary tract, the more pronouncedly catarrhal the condition the more valuable the drug. In short, it may be given with the expectation of relief in any disease of the kidneys, inflammation of the bladder or urethra, enlarged prostate, suppressed, ropy or bloody urine. It is useful in hectic fever, with night sweats, and in typhoid. Its specific symptomatology is glandular lesions with urinary derangement, and, since it seldom disagrees with the stomach, it is one of the most valuable remedies known for these conditions."

4. Dr. Harvey has come to regard *cimicifuga* a necessity in every-day practice and emphasizes its use along the well-known specific medication lines in uterine trouble. He cites Shoemaker as stating that *cimicifuga* is contraindicated in pregnancy. His experience, however, does not confirm this view. He bears out the claims of many who have derived benefit from it in the discomforts of the pregnant state. He writes:

"Take the case of a woman coming to your office—say four, five, six, or more months pregnant beyond the nausea and vomiting state, complains of backache, dragging heavy weight and pain in the lower part of the abdomen, or when they have a 'crampy' condition of the uterus, due to irritability, add *cimicifuga* to your prescription and it will meet those indications and overcome them in a wonderful manner. I recall a woman with an endocardial murmur, pregnant for the third time, who suffered considerably while carrying the foetus the first two times, and commenced the same way the third time, who was greatly helped with this remedy, the pains very promptly disappearing and the heart strengthened, the dyspnoea decreased, and, generally speaking, made comfortable."

Vol. IX, No. 3. March, 1906.

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|---|----------------------------|
| 1. Annual Address, - - - - -  | W. J. KRAUSI.              |
| 2. The "Eclectic Wash," - - - - -                                   | ELI G. JONES.              |
| 3. Defective Children, - - - - -                                    | CORA M. BALLARD.           |
| 4. Is the Sharp Curette Indicated in Puerperal Infection? - - - - - | WM. L. HEEVE.              |
| 5. Report of Cases, - - - - -                                       | ELIZABETH HAMILTON-MUNOIR. |
| 6. Intrauterine Medication, - - - - -                               | C. WOODWARD.               |

1. Among many other good points scored by Dr. Krausi in his annual address as President of the New York State Eclectic Medical Association, we select the following:

"The tendency of the manufacturing pharmacists, with but few exceptions, is toward complex compounding without producing chemical reaction. The feat of keeping each alkaloid in a solution distinct is in many instances only possible in the laboratory under the proper conditions of light and temperature, but when these artistic combinations leave the laboratory and are placed on the shelves of the druggist where it is often impossible to maintain the proper physical conditions the result frequently is reaction, disintegration of the alkaloids, chemical change and the formation of new activities and new energies in the combination, in some instances even the formation of a powerful poison the action of which is the reverse of that expected of the preparation when it left the laboratory. This in many cases takes place in the pharmacal combination without any apparent change in color or taste—nothing to warn the druggist or the doctor of the change—nothing except the physiologic or toxic action as manifested upon the patient. This fact alone should speak strongly in favor of the use of the single specific remedy. \* \* \* Eclectic literature is plain, concise, and to the point. Eclecticism, like all successful reformations, believes in the plain statement of facts. Many a so-called scientific article appearing in old school journals will be found not to contain a single helpful clinical fact—stripped of its word adornment, nothing of practical value remains. Not so with Eclectic journals—we strive not so much after literary effect as after helpful clinical data which will assist us in making exact diagnoses and in understanding how to apply our remedies to the end that we may be worthy of the confidence that the patient places in us when he calls upon us to do battle with his malady. \* \* \* Eclectics have never asked for the passage of laws to aid them in the practice of medicine, or for legislation to maintain an existence. We believe in a reasonably high preliminary educational training as a preparation for the study of medicine. We believe that our students should pass the same technical examination as any other medical students in the State. We have no prejudice against any other sect or theory of medicine. All we ask is that all who are engaged in the art of healing the sick should pass the same literary and technical examinations. Let the people employ whom they will, but let the State safeguard the public without regard to school or



'ism' by requiring the same preliminary and final examinations of all who are engaged in the healing art. The law and educational requirements should be the same for all and differ only in theory and practice and *materia medica*."

2. Dr. Jones speaks of the value of Eclectic wash in epithelioma and in tibial ulcers.

3. Dr. Ballard reports the cases of four defectives which she exhibited before the Kings County (N. Y.) Eclectic Medical Society. She states that it is easy to diagnose the hydrocephalic, microcephalic, paralytic, epileptics, idiots, etc., but these cases were difficult of diagnosis. The following illustrates types of the clinics presented:

"Case 1. Mamie —, age 10; Italian; parents living; two sisters and one brother, smart children. Mamie well and like other children until aged three. On 4th July was frightened by a large fire cracker. Ceased to speak; crouched in a corner; contractures of wrist and elbow joints. Child entered school October, 1904. She had to be led to and from school to her home. Did not appear to know the house where school was kept. It took two months to teach her to speak, and this was accomplished by every day repeating to her a little rhyme about a kitten. One day her teacher informed me that Mamie's little sister could repeat the rhyme. Her mother told me she sat in the corner whispering something to the children. We knew then she could speak, and proceeded to teach her the alphabet. What to do with her arms was the next problem, so I caught her relaxed and put a strong splint on the inner side of the elbows, bandaged and kept it there for nearly two weeks; had it off and on at times afterward for nearly a month. Now she takes the exercises, dumbbells, etc., and reads and writes nearly as good as any child of her age with only one year's teaching. Diagnosis, hysteria.

"Case 2. Willie —, age sixteen; parents living; father's cousin epileptic; grandmother died consumption; five brothers bright, good boys; one sister healthy and bright. Mother as well as with other children before his birth; normal labor. Child bottle fed. As a baby like other children; seemed healthy. Age three had a severe sickness, high fever; brain seemed to be affected. After that boy peculiar; would not play with other children; could not get along in public school. Diagnosis, brain degeneracy due to a slight encephalitis. Teacher reports Willie a good boy; does good manual work, but slowly improving in studies due to inability to give attention."

4. Dr. Heeve contributes a timely article warning against the use of the sharp curette in puerperal infection. He reviews the past custom of its use, the pathology and bacteriology of intra-uterine infection, and takes as illustrations cases of puerperal endometritis and corporeal uterine infection. He says:

"The writer wishes to voice his sentiment against that instrument of brutality. There is no surgeon that can curette a septic uterus without opening up new paths for infected material to enter. Neither can he curette the debris without injuring the line of demarcation or the zone of reaction of Bumm. Nature in her effort to mobilize an army of defense has placed this zone of hyperleucocytosis as her first line of defense in the battle against the invading army. Shall we destroy this grand effort of nature by a sharp curette and then enter her unguarded surface with septic material? By no means shall we destroy this powerful aid in defense. We are duty bound to aid nature and sustain this line of defense by supplying reinforcements, and under no circumstances destroy her forces of defense. Let us consider a case presenting a virulent type of infection, where the entire organ is septic. Can we destroy the infection by curetting the septic endometrium with the debris? Emphatically no, but we will open up new paths for infection to enter. Never insert a sharp curette or any instrument capable of producing a raw surface in a septic infection of the uterus. Remove the debris by harmless means and do not destroy that true and tried protective army of nature: Bumm's zone of reaction."

5. Dr. Hamilton-Muncie reports cases showing the necessity of physical as well as mental examination in many cases of mental and nervous diseases. The first case was that of a lady physician with chronic iritis. Orificial work, including removal of the uterus, failed to give permanent relief. The trouble was promptly cured by the removal of a coccyx that had been broken four years previously. A second case was that of a strong man adjudged insane and about to be committed to an asylum. Phimosis, with retained smegma and hemorrhoids, proved to be the source of his mental peculiarities, which were quickly overcome by operation. A case of chorea of intense character yielded immediately to release of the clitoris with its retained smegma and the removal of rectal papillæ.

6. Dr. Woodward cites a case to show the value of intrauterine medication. The trouble began with an abortion, an endometritis gradually ensued, and septic material was absorbed. There was lack of muscular power to empty the uterus during menstruation. He cured the case by treatment the day menstruation began by cleansing the uterus alternately with 50 per cent solution of hydrogen peroxide and a 5 per cent solution of an antiseptic (not named), and placing against the cervix a pledget of cotton saturated with glycerin 3iij and specific phytolacca 3ij, to remain forty-eight hours. In two days this was repeated. Systemic medicines to stimulate bowels and skin completed the cure.

## The California Medical Journal.

Vol. XXVII, No. 2. February, 1906.

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|--|-----------------------------|
| 1. The New Chemic Theories, - - - - -                  | W. C. BAILEY.               |
| 2. Treatment of Pneumonia, - - - - -                   | J. P. MARTIN.               |
| 3. Leprosy—Its Causes, Prevention, and Cure, - - - - - | THEODORE JUDSON<br>HIGGINS. |
| 4. Eclecticism and Specific Medication, - - - - -      | F. J. PETERSEN.             |

1. Dr. Bailey submits the closing paper of his series on "The New Chemic Theories." In concluding, he says:

"In summing up the recent discoveries which have led to the new chemic theories a few conclusions have been reached which must serve for some time to come as the working hypothesis for the origin of matter as we see it. Among these conclusions are: First, the atom is not the primal unit of matter, but only of the differentiated matter known as elements; second, atoms are built of ions which of themselves, or by subdivision into anions and kations, possess the dual electro-positive and electro-negative chemic tendencies; third, that all energy (life) is essentially the same, simply being vibratory form of motion in ether; fourth, that all difference in form, composition, and function of matter is due to the different rate and direction of energy and the number of ions comprising the initial units of atoms. The identity of, or difference between, ions and ether seems to be the next problem to be solved, and when that is solved, it may be possible to carry the closing illustration still further. Some thirty years ago a speaker, whose name is now forgotten, said: 'Suppose that by some mechanism a rod could be set into constantly accelerating vibration. At first those slow vibrations might be perceived by the sense of touch; as they reached to fourteen vibrations per second a dull low note would be heard; as the speed increased the tone would rise through finer gradations than the chromatic scale into the high treble and then with the shrill chirp of the cricket at 40,000 vibrations disappear into silence; from these 40,000 to the next recognized rate there is a tremendous gap, but who shall say that it is not filled with the myriad sensations now unexplainable to the human intellect; then at the speed 451,000,000,000,000 is perceived a dull glow of red light, up through the rainbow it flies with its georgeous hues until with a brief space of darkness it emerges again in the brilliant ultra-violet with its inconceivable velocity of 789,000,000,000,000 per second and then——' Here the speaker stopped. To-day he might have added that the darkness itself next became light and through the before impenetrable opacity could be seen the hidden secrets of the skeleton of matter and as the next step beyond the revelations of the X-ray appears he might say: 'and then——!'"

3. Dr. Higgins, in a continuation of the subject of leprosy summarizes the disease as a "perversion of cellular activity." The "three essentials of somatic life, circulation, respiration, and in-

nervation, continue in the leper, though sadly interfered with." In this disease we have the specific indications for pilocarpus.

"The most prominent among them are a marked dryness and heat of the skin, a puffiness of the muscular tissues, especially marked about the eyes, forehead, cheeks, and nose (the premonitory symptom of *Leontiasis leprosa*). The urine is scanty and of a high specific gravity and deep and dark in color, looks like weak coffee. There is an œdematous condition of the limbs, more marked in the hands and feet, and the patient may or may not be subjected to colliquative sweating. If the patient is suffering with colliquative ephidrosis, pilocarpus pennatifolius in reasonable amount to attain its therapeutic effect will stop these expressions of disease. \* \* \* For the purpose of favoring assimilation by exciting to action the lacteals and lymphatic circulation generally, there are no drugs that excel specific veratrum and specific iris, aa ʒj. Dose, gtt. v, in a glass of cold water before each meal."

4. Dr. Petersen defines Eclecticism and specific medication and claims that if we wish to practice the latter in its broadest sense we must recognize what he terms the primary and secondary action of drugs, by which, we take it, he intimates the action of the drug in both infinitesimal doses and in the larger doses more generally employed by specific medicationists. As illustrations he writes:

"In a case of powerful determination of blood to the head, contracted pupils, marked restlessness, we would think of gelsemium in its secondary form. In a case where pupils are dilated, face pale, patient drowsy, we would think of belladonna in the secondary form. On the other hand a patient threatened with collapse, cold and clammy perspiration on any part of the body, but especially on the forehead, veratrum album 2d, in the primary form is indicated. A patient suffering from severe cramps, where drawing up legs and pressure ameliorates, colocynthis 2nd or higher, is the indicated remedy."

Vol. XXVII, No. 3. March, 1906.

1. Leprosy—Its Causes and Treatment, - - - - - THEODORE JUDSON HIGGINS.
2. Absorption of Digested Fat, - - - - - F. G. DESTONE.
3. Pain Over Cœcum After Operation for Appendicitis, - - - D. MACLEAN.
4. Chemical Aid vs. Volition in Disease, - - - - - G. W. HARVEY.
5. In the Board of Medical Examiners of the State of California, - - - - - H. M. OWENS and F. J. HENNESSY.

1. Dr. Higgins answers questions referring to the stimulating antiseptic baths for lepers, recommended by him in earlier papers. He gives a couple of formulæ as follows:  $\mathcal{R}$  Carmine C. P., ʒij; asepsin soap stock, ʒv; methyl sodium salicylate, ʒj. Mix. Sig.

Use two drachms to the gallon of bath water. He regards Lloyd's asepsin as the best methyl sodium salicylate on the market. Any clean saponaceous base will do, but he has used Lloyd's asepsin soap by preference. Immersion in a long tub surrounded by heating pipes is preferred. The bath should last one-half hour to one hour, the heat being gradually raised from 60° F. to 100° F. Beware of burns and scalds as leprous patients are injured at surprising moderate heat. After the bath the following antiseptic should be added in proportions of four to eight ounces to one pint of olive oil, and rubbed in:  $\mathcal{R}$  Gum camphor, 6 lb.; phenol C. P., 2 lb., phenol-pthalein,  $\mathfrak{z}$ ij; oil of sassafras,  $\mathfrak{z}$ ij; oil of cajeput,  $\mathfrak{z}$ ij; oil of eucalyptus,  $\mathfrak{z}$ ij. Mix. Let stand twenty-four hours in covered air-tight jar slightly heated. Filter if necessary. Where the essential oils prove too stimulating the following may be substituted:  $\mathcal{R}$  Phenol, 1 lb.; gum camphor, 3 lb. Mix and heat gently in a closed vessel until liquifaction is accomplished. This may be added to the oil in the proportion of three to six ounces to one pint of olive oil. The internal remedy suggested in this paper is specific iris, five drops, in a glass of cold water one-half hour before meals; if the salivary secretions become excessive, or the gums a trifle sensitive, specific jacoranda procera should be substituted in the same sized doses.

2. Dr. DeStone's paper is a lecture upon the phenomena of osmosis, endosmosis, and exosmosis, with incidental mention of the disturbance caused by deviations from normal action.

3. Dr. Maclean explains pain over the cæcum after operation for appendicitis as follows:

"Medical books and journals describe all kinds of pain in the region of the appendix previous to operation. I do not recollect of seeing any articles on pain following operations after the appendix has been removed. Many cases have come under my observation where the appendix had been removed and the pain still persisted. I do not know that the appendix was the disturbing organ, but its removal has certainly not remedied matters. All observers agree that chronic inflammation of the appendix produces reflex pain all over the abdomen. The pain is not always confined to the seat of the disease. It may reflect along the course of the distribution of nerves leading to the part—in many cases producing indigestion and constipation. This might easily be understood if we considered the anatomy of the parts and the nerve supply. The nerve supply to the cæcum comes from the pneumogastric and superior mesenteric plexus of the sympathetic. Constrictions and adhesions following operations leave the patient in as bad a con-

dition, or worse than previous to the operation, in chronic cases. My experience in some of these cases has taught me that the removal of the appendix has no beneficial effect. That the trouble is either in the constriction of the ileo-cæcal valve, or dilatation of the cæcum. In either of those cases the patient is free from pain if lying in the recumbent position for a length of time; and suffers pain if standing or sitting until tired. This is owing to gravity. The food and excrementitious matter is carried partly by the force of gravity from the stomach to the cæcum; from the cæcum to the transverse colon it has to overcome the force of gravity. Hence dilatation, constipation, gas, and pain. The appendix removed, the abnormal condition still exists."

4. Dr. Harvey warns against placing too great reliance upon "positive diagnoses," based upon physiologico-chemical examinations. Better than all chemical guides is the natural craving for certain foods and drinks, and these, when taken in moderation, do not in the least harm the patient. The way is clear with adults, but in infants the problem of feeding has resulted in the destruction of natural digestive possibilities. He believes cow's milk—live milk, fresh from the animal—to be the best food for infants who can not obtain mother's milk.

5. This paper is an account of court decisions affecting the constitutionality of the California Medical Act, that will be of interest not only to doctors in California, but in all other States as well wherein the medical laws do not comport with the provisions of the Fourteenth Amendment of the Constitution of the United States.

### The Chicago Medical Times.

Vol. XXXIX, No. 3. March, 1906.

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|---|----------------------|
| 1. Treatment of Valvular Disease of the Heart, - -                    | FINLEY ELLINGWOOD.   |
| 2. Cause or Effect—Which? - - - - -                                   | V. A. BAKER.         |
| 3. Varix of the Vulva, - - - - -                                      | J. D. MCCANN.        |
| 4. Don't Dose the Baby, - - - - -                                     | O. M. H. WRIGHT.     |
| 5. Determination of Sex, - - - - -                                    | JOHN ALBERT BURNETT. |
| 6. Cervical Phlegmonous Inflammation and Brachial Embolism, - - - - - | HENRY F. WARD.       |
| 7. Treatment of Skin Diseases, etc., - - - - -                        | HENRY F. MOORE.      |
| 8. Specifics, - - - - -   | J. R. LANDERS.       |

1. Dr. Ellingwood's paper will be reproduced in a future issue of the GLEANER.

2. Dr. Baker takes issue with those who warn against the dangers of infection from sputum-contaminated dust. He writes:

"It is asserted that the excreta of tuberculous subjects spat about the streets, highways, and by-ways, becomes a source of infection by

mingling with the dust which is ultimately blown hither and yon, finding way through the breath into the respiratory tract, forming a nidus ultimately developing pulmonary consumption. Mother Earth is a neutralizer of morbid and putrescent material. Dry earth, powdered and covered over rottenness, cesspools, and foul places, will destroy odors quickly and effectually. To be sure there is a limit to its capacity; applying, however, to soil long contaminated with decaying foul substances. In my opinion consumption is not spread by any such conditions imparted to soil by expectoration. Soiling public walks by expectoration of tobacco users and daubs of purulency generally, for decency's sake should be suppressed; but our scientists go to extremes, it seems to me,—‘the cart is before the horse,’—in their pursuit of the bacteriological craze. \* \* \* I believe when analytically investigated results will show that chemical and physical influence is the beginning, and germ life the ending, playing the part of scavenger. Decaying animal, and in fine all decaying substances, have microbic colonies as a common leveler and teem with life until dust to dust is accomplished. In the animal economy two forces are noted; the one builds up, the other pulls down. One is vital, the other chemical, and, if the latter transcends, health is the ultima thule.”

Dr. Baker argues that bacteria are the result and not the cause of disease, and illustrates his position by many well thought out arguments. He would not discount scientific investigations, however. He says:

“Science is putting forth efforts in the right direction in analyzing drinking water, food stuffs, and all that pertains to certainty and exactness, deciding, often, in epidemics by the character of secretions, etc., but these examinations have no bearing upon cause or effect, only in so much as deciding the quality of the secretions, thus determining the nature of the malady.”

3. Dr. McCann relates his success in the treatment of varix of the vulva during pregnancy with collinsonia. His prescription was as follows: *R* Specific collinsonia, 3j; water, ʒiij. Mix. Sig. One teaspoonful three or four times a day. This was given for four months; when discontinued for a few days the varix was aggravated only to be relieved upon resuming the use of the medicine named.

4. Dr. Wright points out the duty of the physician concerning the dosing of the baby:

“I believe it to be the duty of every physician, so far as lies in his power, to teach mothers when their babes are born that infants as a rule do not need medicine. A comfortable, well chosen wardrobe always kept soft and clean, with plenty of warmth and sunshine added to a correct diet and gentle handling, covers most of the needs of a

normal infant, the diet being most important. If the mother's milk for any reason fails to supply proper nourishment, cow's milk, or the most nourishing and suitable of the long line of infant foods, should be substituted. If the baby cries there is a reason. One suggests peppermint, another paregoric, wintergreen, or chamomile, while in reality over, or under-feeding, a prick of a pin, cold feet, or something that can be corrected without a drop of medicine, is oftentimes the only cause. It is my opinion that if a child can be kept the first two or three years of life without drugs or with little or no dosing, there will be much less need of drugs the remainder of their days and less puny children to care for. It is by this means, with a plain, nutritious diet as they grow to manhood and womanhood that our nation may hope to overcome some of the weakness and disease of body and mind that are far too prevalent at the present time. \* \* \* We often see the motto over the door as we enter a house (and it is a good one) 'God Bless Our Home,' 'Peace on Earth, Good Will to Men,' etc. In some of these homes I am disposed to take down their motto and hang in its place this one, 'Don't Dose the Baby.'"

5. Dr. Burnett's paper is a compilation of notions and ideas of various people concerning the determination of sex. It is written, the author states, to advance an idea of his own vaguely expressed as follows:

"There is no one way of controlling sex generation. The indicated method of determination of sex must be selected to meet the conditions of the intended parents, same as a drug is selected for a diseased condition. There is some truth in all methods which have been advanced on the subject of determination of sex."

6. Dr. Ward reports an interesting case of cervical phlegmon resulting in death through brachial embolism, gangrene having taken place necessitating amputation of the arm. The case is interesting and should be read in full.

7. Dr. Moore, in discussing numerous skin affections and his method of treating them, states that of all external chemicals he prefers boric acid. As an ointment base he employs the following:

"Arrowroot (Bermuda), powdered gum acacia, purified sugar of milk, each one ounce, water, glycerine each one ounce, mix; slowly heat, keeping the temperature about 160° to 180° F. for an hour or two, stirring meanwhile to keep it from forming lumpy masses. This is a very excellent base and has done me much good service; when cold it forms a jelly, and does not harden nor stick to the skin or dressing."

The doctor gives many excellent combinations for the treatment of prurigo, herpes, eczema, lupus, chancres, bubo, and terminal neuralgias.



Vol. XXXIX, No. 4. April, 1906.

1. Care of the Eyes of the New Born, - - - - W. J. POLLOCK.
2. Retroflexion of the Uterus—Its Etiology, Symptomatology, and Treatment, - - - - HENRY SCHMITZ.
3. Cataract, - - - - E. G. TROWBRIDGE.
4. Acute Pulmonary Congestion, - - - - FINLEY ELLINGWOOD.
5. Bright's Disease, Diabetes Mellitus, and Pulmonary Consumption, - - - - B. F. FELCH.
6. What Training in Ophthalmology may be Considered Sufficient Evidence of Competency, - - - CHARLES H. FRANCIS.
7. Bacteria of Diphtheria (Klebs-Loeffler), - - - W. B. WHIPPLE.

1. Dr. Pollock's article will be reproduced in a future issue of the GLEANER.

2. Dr. Schmitz's paper is a scientific review of the subject of uterine retroflexion and its treatment. It should be read in full.

3. Dr. Trowbridge's paper explains the specialist's view and treatment of cataract.

4. Dr. Ellingwood's paper briefly covers the synonyms, definition, symptomatology, diagnosis, and prognosis of acute pulmonary congestion. Of treatment he writes:

"The most perfect, the most rational, the physiological antagonist of congestion, is persistent heat. The physiological medicinal antagonist is belladonna, which may be associated with other stimulants. In the case above narrated the patient's chest was wrapped in flannels wrung from hot mustard water, the feet, legs, and hands were immersed in a hot bath and the patient was made to breathe warm, moist air. Internally a drop or two of the tincture of belladonna was given every half hour, with occasionally a tablespoonful of equal parts of brandy and water, sweetened. This was in every way sufficient for the congestive phenomena. The extreme heat was without doubt the most potent factor in overcoming the congestion. With the relief of the breathing and the restoration of the normal temperature there was finally a period of comparative ease. When the condition is induced by the inhalation of irritating substances, the cause must be removed, the air should be warm and charged with some soothing medicament; heat should then be applied over the entire surface of the chest. When respiration becomes relieved to a degree, a little turpentine may be rubbed over the chest walls after the skin has been thoroughly dried, and a kaolin or antiphlogistine dressing should be applied and well covered, and hot water bottles or a rubber water bag should be placed outside of this. The position of the patient should be frequently changed to avoid hypostatic congestion. As the temperature rises and characteristic fever develops, the use of aconite in small doses, with belladonna, is important. Bryonia, with small doses of arnica, in the proportion of ten drops of the former with five drops of the latter, in a three-ounce mixture, a teaspoonful every hour, will be of great service. Later, *asclepias tuberosa*, small doses of *sanguinaria*

or ipecac, will serve to rapidly ameliorate the symptoms. Other remedies which will find a place in the hands of the careful prescriber are sticta, lycopus, and in an occasional case lobelia. The use of stimulants, more or less freely, will be demanded in certain of the cases, and occasionally better results will be obtained from frequent small doses of atropin than from belladonna. The arsenate of strychnine will be found exceedingly useful in the convalescence."

5. Pulmonary consumption, Bright's disease, and diabetes mellitus are perpetuated by malnutrition, says Dr. Felch. He maintains also that there is a direct relationship between these three diseases, and states that the last two are uric acid diseases and the first may be; at least all consumptives are injured by the retention of uric acid. He indicates the proper and improper foods for these patients and the hygienic and mechanical therapy required for their alleviation. The paper, though not coinciding fully in the generally accepted doctrines, concerning these diseases, is thoughtful and will well repay careful reading.

6. Dr. Francis pertinently asks, What training in ophthalmology may be considered evidence of competency? Nearly every town of twenty thousand has now an oculist. There is no law preventing any physician from taking up this work. The result is many so-called eye specialists. A specialist should have at least five, better ten, years' experience in general practice before taking up ophthalmology. He cites a long list of diseased conditions that must be thoroughly known before one can safely take up such practice. Ripe experience and accurate knowledge are more necessary here than in some other specialties on account of the danger of the loss of the organ involved. In preparation neurology must be well-studied, anatomy and physiology well in hand, and attendance upon some nerve clinic is advised. The work should then be taken up with an established eye-specialist, dissections of the eye made, and a post-graduate school attended. The average length of time put in these schools is six weeks, whereas two years at least are necessary. The paper is a good plea for better preparation for an important specialty.

7. Dr. Whipple's paper is a scientific essay on the bacillus of diphtheria, and on account of the vast amount of matter can not well be abstracted. We commend its perusal in the original.

8. Dr. Fletcher reviews the subject of goitre. He believes iodine the best remedy and that its failure is most often due to faulty administration or lack of adjuvant treatment. He advises it in 15

grain doses in a tablespoonful of cod-liver oil, three times a day after meals. Any unfavorable action can be counteracted by giving with this dose 15 grains of potassium bromide. Neither iodism nor irritant action are produced and this procedure, with the application of compound iodine ointment is quite sufficient to cause a rapid diminution of the goiter. Dr. Fletcher believes it unwise to advise removal simply for cosmetic appearance. Surgical measures, provided the goitre does not interfere with important functions, are not justifiable, and if resulting disastrously lays one liable to damages for malpractice.

9. Dr. Davis's paper is replete with sound obstetric advice, born of a rich obstetrical experience. His paper and the discussion upon it brought out the value of such remedies as specifics veratrum, echinacea, apocynum, passiflora, gelsemium, rhus aromatica, stigmata maye, and powder hydrastis, powdered capsicum, and compound emetic powder as remedies of worth during the puerperium.

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#### The American Medical Journal.

Vol. XXXIV, No. 2. January, 1906.

1. Chronic Sore Throat, - - - - -	E. YOUNKIN.
2. The National—Shall It be Rejuvenated? - - - - -	S. B. MUNN.
3. Pneumonia, - - - - -	J. R. BARRY.
4. Medical Sunken Reefs, - - - - -	J. A. DUNGAN.
5. Verbena hastata, - - - - -	J. A. BURNETT.

1. Dr. Younkin describes "chronic tonsilitis" and its usually accompanying adenoids, and advises the removal of the whole or parts of the swollen tonsils by means of the guillotine. The adenoids are then to be removed by means of the finger-nails. Cocain may be judiciously used previously. After the amputation of tonsils a gargle of tincture of chloride of iron may be employed locally, or it may be applied with a probang. For chronic laryngitis he advises the local use of solutions of silver nitrate of 16, 48, or in severe cases, 96 grains to the ounce, or even the solid stick. Local applications alone will not cure and no good comes of the use of lozenges, inhalations, nor visits to watering places. It is necessary to use internally iodide of ammonium, or brown iodide of lime, and for cleanliness, gargles, such as of permanganate of potash, chlorate of potash, or peroxide of hydrogen. Internally podophyllin or specific podophyllum are excellent constitutional agents, using them as the bowels will tolerate. For minister's sore throat, occurring

most commonly in young speakers who speak most largely from the throat, he advises directing the greater use of the lips in speaking, and gives a spray to amuse the patient. Allow him to spray his throat before going into the pulpit, two or three grains of zinc sulphate to the ounce of water being preferred. He may be given tablets to suck slowly, containing sodium chlorate one grain, borax three grains. Also  $\mathcal{R}$  Specific collinsonia,  $\mathfrak{zj}$ ; water,  $\mathfrak{z}iv$ . Mix. Sig. Dose, one teaspoonful (how often is not stated).

2. Dr. Munn gives several reasons why he does not approve of Dr. Henderson's plan of rejuvenating the National, and objects particularly to having the papers printed by one of the existing medical journals. The Transactions, he says, are cherished books and always in demand. He fears bossism if any measure of this kind is enacted, for the manager of the journal would be likely to assume to himself the privilege of "boss of the Eclectic forces." He cites the American Medical Association (regular) as an example. As a means of rejuvenation, he suggests the abolishment of section work (which is necessary in scientific bodies only where time is limited) and the adoption of former-day general sessions in which every member may take a part. He would also cut out the social element and drive the pharmacal and other exhibitors out of the temple.

3. In the treatment of pneumonia, Dr. Barry suggests immobilizing the chest in preference to the use of poultices and other similar applications. He writes:

"Though untried in this particular form of inflammation, it occurs to us that strapping the chest in unilateral attacks, completely stopping the respiratory movement, and, hence, allowing rest to the damaged mass, would be altogether rational. It controls pleurisy pain when present, and would limit the movement in inflamed lung, lessening irritation and congestion in consequence. Cold or heat by water bag may be applied as deemed proper. Unquestionably, this plan is easier applied and less objectionable to the patient. The uninjured lung tissue will then perform its duties and functions better."

He further advises tepid baths to control fever, suggests a saline laxative or oil to cleanse the intestinal tract; mineral acids for the brown, dry, contracted, and tremulous tongue, with sordes; sulphocarbolates for tympanites; and to keep the bowels open daily. The kidneys are to be stimulated to activity with from four to eight drachms of potassium acetate or citrate, largely diluted during the

first thirty-six hours. Spirits of nitrous ether is probably oftener demanded in the second stage. While preferring to control temperature by baths and cold to head and tepid packs to thighs and abdomen, arterial sedatives may be depended on to correct innervation and stimulate capillary circulation. The full bounding or corded wiry pulse requires veratrum; when there is delirium and active determination to the head, gelsemium may be given with it, or jaborandi may be added if the pulse is feeble and frequent with evidence of capillary stasis, atonic vascular walls, and want of venous blood-volume—when the heart is out-running the volume—aconite will control and allow the heart to gather strength and force; when dullness, stupidity, and apathy are present belladonna should be given with aconite. Belladonna is frequently required; gelsemium not once in a hundred times during the first stage. Commence to reduce these sedatives after the second day. In the second stage depend upon small doses of asclepias and Dover's powder, just enough to keep skin slightly moist. In the second stage stimulate with strychnine and small doses of quinine, being careful not to nauseate the patient. Aromatic spirits of ammonia or ammonium chloride representing about two grains, every three hours, may be employed. A weak infusion of digitalis will usually give more volume to the pulse and tone the heart muscles. Expectorant mixtures usually do more harm than good.

5. Dr. Burnett advises the investigation of the virtues of *Verbena hastata*. He cites largely from Howard, Thomson, Cook and other botanics and physiomedicalists and from trade-manuals concerning its varied virtues.

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|---|----------------------|
| 1. Treatment of Diseases Without Drugs, - - - - -   | JOHN ALBERT BURNETT. |
| 2. Gall-Stones and Their Treatment, - - - - -   | E. YOUNKIN.          |
| 3. Saved a Foot that was Out Off, - - - - -   | J. B. CUREY.         |
| 4. The Eclectic Treatment of Pneumonia in Southern Indian Territory, - - - - -              | R. E. SAWYER.        |
| 5. The Pressing and Imperative Needs of The Eclectic School of Medicine in Texas, - - - - - | G. HELBING.          |
| 6. Texas Eclectics, - - - - -   | G. W. JOHNSON.       |

1. Dr. Burnett offers a budget of notes gathered from various sources showing how physical manipulation of various parts of the body may control abnormal conditions, and without the associate use of drugs. The paper comprises abstracts that have appeared

in print before, and are so multitudinous as to make it impracticable to abstract them.

2. Dr. Younkin's paper will appear in a future issue of the GLEANER.

3. Dr. Curry reports the saving of a foot that was practically cut off, hanging only by the extensor longus digitorum muscle. After proper cleansing, deep silk sutures were used to coaptate the parts, and the following solution applied upon cotton and bound around the parts:  $\mathcal{R}$  Echinacea,  $\mathfrak{z}$ ij; echafolta,  $\mathfrak{z}$ ij; hydrastis,  $\mathfrak{z}$ j; water q. s.,  $\mathcal{O}$ ij. The wound was kept saturated with this lotion, and healing by first intention, without a sign of pus, followed. For traumatic fever he employed  $\mathcal{R}$  Aconite, gtt. x; echinacea,  $\mathfrak{z}$ ij; water q. s.,  $\mathfrak{z}$ iv. Mix. Sig. One teaspoonful every three hours. Splints were used for thirty-five days.

4. In the treatment of pneumonia, Dr. Sawyer uses the following drugs according to the indications given: If malarial complications are present calomel and sodium bicarbonate aa gr. ss, repeated every two hours until the bowels move, or eight powders are taken, followed by a large dose of castor oil. Much pain in the side with shortness of breath, libradol externally, or compound emetic powder, or antiphlogistine; specific aconite and bryonia and gelsemium are given for their usual indications. If there is engorgement the following combination is preferred:  $\mathcal{R}$  Specific jaborandi,  $\mathfrak{z}$ iss; specific asclepias,  $\mathfrak{z}$ ij; compound emetic powder,  $\mathfrak{z}$ iv; water,  $\mathfrak{z}$ iv. Mix. Sig. One teaspoonful every two hours until free perspiration is induced, irritation is relieved, and the nervous system is calmed. When the sputum is dark, from light prune juice to chocolate in color, specific echinacea is given. Other agents given according to their usual indications are: Sodium sulphite, specifics ipecac, baptisia, veratrum, and macrotys.

5. Dr. Helbing urges upon the Eclectic profession of Texas the need of an Eclectic Medical College or Hospital within the State of Texas, and relates his ineffectual efforts to secure co-operation in a movement for such institutions, or at least a chair on Eclectic medicine in the Texas State University at Galveston.

6. Dr. Johnson defends the present "three examining board system" of Texas, and urges opposition to the legislative movement for a single board. He declares the work of the Eclectic Board to be equal to that of any single board in any State. He asks the Eclectics of the State to rally to the defense of their board.

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**INGROWN NAILS.**—The majority of cases of "ingrown nails" (overgrowth of granulations) can be readily cured by cleansing the parts and packing with powdered alum. Cases not far advanced are quickly controlled by this treatment.

# PUBLISHERS' DEPARTMENT.

JOHN URI LLOYD, PHAR. M., EDITOR.

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## CONCERNING STIMULANTS. (No. II.) (COFFEE.)<sup>1</sup>

"THE INTELLECTUAL DRINK," OR "THE SOVEREIGN DRINK  
OF PLEASURE AND OF HEALTH."

(BY THE DEPARTMENT EDITOR.)

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**History.**—So far as can be determined, coffee was not known to the ancients. No mention of it is found in Bible literature or the Egyptian records, and it seems to have been unknown to the Greeks and the Romans. And yet, in its home-land, coffee has unquestionably been used from time immemorial. The tree is of African origin and native to Ethiopia, where the natives use the berry<sup>2</sup> as a food after the manner they have always done. It is on record that marauding tribes introduced it into Abyssinia about 875 A. D., or at least, at a very early date. From Abyssinia it reached Arabia as early as the thirteenth century, and from thence passed to Syria, Persia, Turkey, and other countries in Asia. After becom-

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<sup>1</sup>Coffee, tea, and chocolate were introduced almost simultaneously. Their course ran nearly parallel. They were together as rivals, together as man's friends, together as man's enemies. They parallel alcohol, they antagonize alcohol, they supplant alcohol. Their subjects are the friends of alcohol, they are the enemies of alcohol. Coffee and tea are the dissipations of many excellent people who favor alcoholic prohibition. Concerning them, multitudes of volumes have been written. To the Lloyd Library, and especially to the following early writers, we give credit for our historical data:

Mappus, Marc., 1668, *De potu cafe*; Andalon, Andre, 1708, *Il cafe descritto ed esaminato*; Mons. Voseley and Benjamin, 1785, *A Treatise on Tea*, a lengthy treatise upon the good and bad effects of coffee; Andre, 1712, *The Tea of Europe*; Stall, 1780, *De veris herbis thee proprietatibus*; Walldsmid, 1692, *De usu et abusu potus thee*, a history of tea, comparing its effects with those of coffee. Dupont, Michel, 1661, *An salubris usus chocolate*; Stuble, Henry, 1662, *The Indians' nectar*; and Colemanen, 1681, *Del chocolate*, giving the origin of chocolate, its composition in India and Spain, with the effects of its use.

The extracts of our treatise in quotation marks, over the letter *A*, are taken from "Coffee, Tea, and Chocolate," by A. Saint-Arroman, France, 1846, those over the letter *W*, from "Coffee, its History, Classification, and Description," 1894, by Joseph M. Walsh.

<sup>2</sup>We use the word "berry" because this term is so universally employed. Coffee is in reality the *seed* of the fruit, which much resembles the common red cherry.



ing firmly established in Constantinople coffee was carried to Western Europe, where it is accepted that, owing to their proximity and commerce with the Levant, the Venetians were first to make its acquaintance. As early as 1640 coffee was taken to Oxford, England, and in 1651 was introduced as a beverage at the "Sultanness Head, a Cophee House," London. It then commanded the exceedingly high price of twenty to twenty-five dollars per pound. Coffee reached Paris in 1657, but owing to the disfavor of Louis XIV and Louis XV as well, neither of whom liked the beverage, coffee drinking did not become popular in France before 1669.<sup>3</sup>

"In that year Solleman Aga was sent as Ambassador from Mahomet IV to the court of Louis XIV, where he soon became 'a lion,' through the splendid and unique entertainments at which he figured as host. On bended knees, the black slaves of the Ambassador, arrayed in the most gorgeous Oriental costumes, presented the choicest Moka, in tiny cups of egg-shell porcelain, hot, strong and fragrant, poured out on saucers of gold and silver, placed on embroidered silk napkins fringed with gold bullion, to the grand dames who flourished their fans with many grimaces, and bent their piquant faces—berouged, bepowdered and bepatched—over the new and steaming beverage. Such was the half-barbaric occasion by which coffee first became generally known to that nation, which is now so largely dependent upon the 'brown berry of Arabia.'"—W.

The Parisians finally became quite enthusiastic over coffee, the aristocracy adopting it as the fashionable beverage, it being recorded that the daughters of Louis XIV (notwithstanding the resistance of their father to the drink) had coffee imported expressly for the use of the royal household at a cost of \$15,000 yearly. In 1664 the berry reached Germany, from whence it radiated to other neighboring countries. The fact that all humanity craves a stimulant, needs, and will have a stimulant in one form or another, is in no wise better illustrated than in the remarkable hold this nerve tonic has taken, the world over, and in its rapid course after escaping from its native African home, in the land of Ethiopia.

**Distribution of the Tree.**—Naturally, after perceiving their commercial opportunities, the inhabitants of the coffee supplying countries jealously guarded the tree. It was the goose that laid the golden egg. The Arab princes prohibited, under pain of death, the

<sup>3</sup>In this there was a spirit of commercialism as well. The French were a wine-drinking nation, and "some people" feared that coffee would disturb the industry. With people of colder climates, and those accustomed to coarser and stronger drinks, the coffee crusade was more easily accomplished.

exportation of a single shrub, European vessels being permitted to get coffee only at the port of Mocha.<sup>4</sup> From this came the term "Mocha Coffee," which was applied to any kind or quality of coffee coming into market from the interior of Arabia. But as coffee did not then, and has never grown near Mocha, but far interior in Arabia, the tree for a long time was kept from the world. But finally, that aggressive mercantile nation, the Dutch, succeeded in getting a plant. It was carefully propagated and distributed throughout their possessions. Now began the scramble for coffee trees, every nation with suitable lands seeking to establish coffee culture. The islands of the southern seas, the southern continents, the new found tropics of America, the lands of spices and aromatics were to be given a new and lasting commercial product. To-day, where the climate is suitable to its growth, the coffee tree is found the world over, and the total production of coffee is prodigious.

**Methods of Using Coffee.**—In its native home, coffee was browned, pounded fine, mixed with grease, and employed as a food. Bruce, in his "Travels to Discover the Source of the Nile," published in 1678, informs us that

"The Gallæ is a wandering nation of Africa, who, in their incursions into Abyssinia, are obliged to travel over immense deserts, and being desirous of falling on the towns and villages of that country without warning, carry nothing to eat with them but the berries of the coffee tree roasted and pulverized, which they mix with grease to a certain consistency that will permit of its being rolled into masses about the size of billiard balls, and then put in leathern bags until required for use. One of these balls they claim will support them for a whole day, when on a marauding incursion or in active war, better than a loaf of bread or a meal of meat, because it cheers their spirits as well as feeds them."

But the native method was not popular elsewhere, for other peoples employed it in decoction as a beverage, although some persons possessed by the pernicious "Coffee Habit," carry parched coffee about and chew and swallow the grains. As a rule the Oriental people drink a black, very strong decoction, made of pounded (not ground) coffee, but in Europe, and especially in America and Mexico, cream or milk and sugar are generally added. In Mexico we observed that as a rule the waiter brought a pot of

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<sup>4</sup>The term "Mocha Coffee" is applied to all Arabian coffees regardless of origin or quality. And, be it said, all the finer qualities are kept for home consumption by most careful sorting processes.

hot black coffee and a pot of hot milk, to be mixed as the guest desired in his cup.

**The Conquest of Coffee.**—The record of this “brown African berry” as it journeyed from its Ethiopian home to the uttermost confines of the earth, reads like a romance. It is the story of the irresistible progress of the most powerful stimulant the world has ever known; powerful because of its mildness, which combined with its insidious, irresistible, kindly domination when it becomes established, makes it the tyrant of all the stimulants. Whilst other stimulants have failed in establishing themselves, or have been dethroned by law or climate, coffee has met no people it has not conquered and continued to hold in subjection.

After crossing Abyssinia and the desert of Arabia, its first conquest was the Oriental city of Aden,<sup>5</sup> from whence it rapidly moved onward until it audaciously attacked and subjugated all the possessions of the prophet Mahomet, from which, by a decree of the prophet, alcoholic drinks had been totally banished. Coffee drinking became now the craze of the Orient, and before authorities awoke to the aggressive enemy, “Coffee Houses,” or coffee clubs, were everywhere established. They may be described as follows:

“These houses became retreats for idle persons, and a place of relaxation for persons engaged in business. The politicians talked of the news there, the poets there recited their verses, and the mollahs their sermons. At Constantinople, the Government soon viewed with alarm the influence of this new intoxicant, the Government had these public places closed, and tolerated the use of this liquor only in the interior of families. A decided inclination triumphed over this severity; they contrived to drink coffee publicly, and the places where it was served out were multiplied.”—A.

But the law was not yet satisfied nor was the Moslem Church defeated. The Grand Vizier during the minority of Mahomet IV, again suppressed the use of coffee, but once more the will of the people prevailed. The record is described as follows:

“In Constantinople, as in Cairo, . . . a fierce hostility was excited among the religious orders against the new beverage. They laid their grievances before the Sultan, who first prohibited and then laid a heavy tax upon the coffee houses. . . . A similar persecution to that in Syria and Cairo soon attended its use in the Turkish capital, where coffee had not only to contend with religious but also

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<sup>5</sup> Aden and Hodeida are to-day the export ports for Arabian coffee, to which the bales are brought by caravans from the interior.

with political opposition, the religious, as usual, predominating in its severity. The dervishes had the sagacity to discover that coffee when roasted became a kind of coal, and coal being one of the substances which their prophet had declared was not intended by Allah for human food, 'they therefore declaimed against it with unbounded fury.' The mufti being of their party, the coffee houses were at once closed by a firman of the Sultan, Amuret III."—W.

Although Mahomet was able to totally prohibit the use of alcoholics, the Church and the Government combined could not suppress the irresistible African drink, coffee, which forced itself into general use and now takes a place in Oriental life that needs to be seen to be appreciated. It is pictured as follows: "In the nations professing the religion of Mahomet, it is drunk at all hours of the day, and during the night by all ranks and classes of people, from the Sultan and the Mufti, to the merchant, the artisan, and the peasant."

Turning our attention to other countries we find a similar record. For example, the use of coffee in England was bitterly resisted. The first coffee house was opened in London about 1651, but they soon became common, and by reason of the excesses committed by their patrons, alarmed the authorities, who called them "Seminaries of Sedition."<sup>6</sup>

"By a proclamation, published in 1675, Charles II attempted to suppress the coffee houses, under pretense that they served as places of meeting for the disaffected, who invented and circulated false and calumnious reports to defame the government of the king and disturb the repose of the nation."—A.

Hostility to both the drink and the coffee house became now most pronounced, and the crusade against them was most fanatical. Pamphlets were issued, attacking coffee. It was discussed from every point of view, medical, moral, physical, and political, at one time threatening to become a *casus belli* between the sexes.

"The 'Woman's Petition against coffee' and the 'Men's answer' to the same have become a matter of history. Among the men also the new beverage had its opponents, as in 1657 the 'Rainbow Coffee House' kept by James Farr in Queen's Temple, was persecuted by them 'as a great nuisance, and a prejudice to the neighborhood,' and as such was suppressed, but re-opened a short time afterwards."—W.

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<sup>6</sup>It is questionable if some forms of liquors were not also sold. It seems illogical to believe that so much pronounced evil could arise from coffee drinking. And yet, it gets all the blame.

Charles II, having failed in suppressing the coffee evil, Oliver Cromwell, the Puritan "Protector," he of the "Iron Hand," attempted the prohibition of the drink, and ordered the London coffee houses closed; but even Cromwell failed. Then a heavy tax was placed on the drug, which induced much smuggling, and at last the Oriental drink conquered England. And that, too, in the face of the fact that

"The twelve Judges having been consulted respecting the legality of this measure, declared that the retailing of the decoction of coffee might be an innocent trade; but as it was made use of to nourish sedition, to propagate lies and calumniate great personages, this might be also an injurious thing, and that it was proper to prohibit it."—A.

In 1709 the question of coffee arose between the people of Holland and Batavia, it was a "bloody struggle," but coffee, as elsewhere, remained master of the situation.

In France no official opposition was encountered. Coffee houses were peaceably established and became very popular. However,

"The fashionable ladies, and at their head the witty Sévigné,<sup>7</sup> declared themselves the bitter enemies of coffee. 'Racine's and coffee will pass away,' wrote this lady in a confidential letter."—A.

But yet, coffee invaded all classes of society. To use a quotation, "The perfume of the berry of Arabia embalms the table of the rich and the poor."

In reviewing the record, it is evident that coffee is now the world's cosmopolitan drink. It is a more universal master than any other stimulant, for it has conquered the prejudices of men in every creed, and has been victorious over every Government.

"It has struggled successfully, and at length triumphed, over religious superstition, political opposition, physiological prejudices, fiscal restrictions, exorbitant taxes, differential duties, and an endless accumulation of antiquated obstructions."—W.

The rise of coffee has been more rapid than that of wine, the choice beverage of the nations of old. It would not again be safe to attempt to prohibit, or by law regulate its use in any civilized

<sup>7</sup> A celebrated French writer, beautiful, admired, envied. "The most admirable letter writer that ever lived."

<sup>8</sup> A French dramatic poet "next to Shakespeare among all the moderns," and again, "second only to Virgil among all poets."

country. Where alcoholic prohibition prevails by force of law in America, to ostracize coffee likewise would be immediately fatal to the powers that govern. A great proportion of Americans would prefer to go without bread for breakfast, rather than their coffee.

**Coffee Dissipation.**—As with other narcotics and stimulants, this stimulant that does not intoxicate, may become man's enemy. A fair friend is it, but a dogmatic master. Fortunately it does not inebriate. So long as it is used in judicious moderation, most persons find it a cheering, exhilarating companion, but when coffee obtains the upper hand of man or woman it shatters the nerves, and demoralizes the victim's disposition. In our opinion, the soporific action of an alcoholic drink is to be preferred to the wakefulness of the person who tosses the night through, a victim to coffee dissipation. But it is not safe to suggest, even to a nerve wrecked coffee slave, that he is to be classed with the man who abuses himself by means of alcohol, the indignation of such people is most pronounced. Nor is it discreet, with some people, to include coffee with the stimulants that enslave. But yet, when one views the condition of *nervous America*, the question arises as to why the pronounced prohibitionists who object to even the temperate use of malt or other alcoholic beverages that by their abuse are harmful, are overlooking the tyranny of coffee and tea. But this is a problem in itself, and somewhat foreign to this historical article.

**Coffee (Cophee) Houses.**<sup>9</sup>—As has been stated, the introduction of coffee marked an era with people inclined to companionable dissipation.<sup>10</sup> The drug was a new narcotic, and consequently demanded a manipulative process different from other drinks, as well as separate places of distribution. The following description by

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<sup>9</sup>The demand for the new drink *coffee*, created a new class of saloons of dissipation and for a time coffee dissipation reigned supreme. They were correctly called Coffee Houses, for they supplied coffee, not wine and other liquors. They were actually Coffee Club Houses, where every man of the upper or middle class went daily to learn the news, and discuss it.—*Macaulay*. But, naturally, when coffee became a part of every-day life, other drinks of the people became a feature of the coffee vender. But yet the name Coffee House remained.

<sup>10</sup>In our opinion, *companionship* is more often the cause of dissipation than the agent employed. The pernicious "treating" habit leads thousands to continue drinking after the very taste of the liquor has become displeasing. The companionship of the aristocratic "Club," with its fine wines and champagnes is paralleled by the low *doggeries*, with their coarse whiskeys and beer, whilst between them stand a chain of saloons where men meet to rest, to read, to smoke, to discuss subjects of the day, and as a blender of it all, to drink liquor they do not want for its own sake. This is what we mean when we say, "*companionable dissipation*."

McCullough concerning the first of the coffee houses of London, serves well as an introduction :

"The first of the establishments to which the name of Coffee houses was given, was opened in London in 1652. A merchant, named Edwards, who traded with Turkey, having brought some bags of coffee from the Levant, and brought with him a Greek servant accustomed to make it, soon saw his house besieged by a crowd of people who, under the pretense of visiting him, came to taste this new liquor. To satisfy his friends, who dally became more numerous, and at the same time to free himself from the embarrassment that they caused him, he allowed his servant to establish himself where he pleased, to make coffee and sell it to the public. In consequence of this permission, the Greek opened a coffee house at the very spot where now is the Virginia Coffee House."

Other houses were soon opened in London, and a tax of eight pence a gallon was next levied on the marvelous new drink, that was advertised as follows :

"It much quickens the spirits, and makes the heart lightsome, suppresses the fumes exceedingly, and, therefore, is good against headaches, prevents cough and consumption and is excellent for the cure of gout, dropsy, scurvy, hypochondria and the like."—W.

Soon there were, according to Ray, as many coffee houses in London alone as in grand Cairo itself, coffee becoming a beverage of general consumption throughout the entire country. Let us now see how they were conducted and by whom patronized during the period they existed as such. This is well described in the following verbatim statement.

"Long antedating newspapers, the coffee houses became news-centers, where the intelligent men of the times gathered to learn what was occurring in the literary and political world, to discuss public affairs, governmental measures, and form public opinion. Wits and poets, essayists and philosophers, daily gathered in the coffee houses of London, during several generations, to quote from favorite authors. Many of these London coffee houses afterwards became famous as the resorts of celebrated men. It was at 'Will's Coffee House' in Covent Garden, that Dryden and Addison, Steel and Davenant, Cary and Pope, met with other luminaries, while others frequented 'Buttons;' Garrick sipping his Mocha at 'Paine's' in Buchnal Lane. It being at the famous coffee houses of 'Garraway,' 'Coventrie,' and the 'St. James' that the Whigs of that time 'did most congregate.' It was in a London coffee house that Pope found the inspiration of 'The Rape of the Lock,' if not the 'Essay on Man.'"—W.

But of course there were also coffee house *doggeries*, for, it would scarcely have seemed possible that the Government of England would have exerted itself to suppress such "Seminaries of Sedition" as were frequented by such men as Pope, Addison, Dryden, etc.

In France the coffee house, or café, retains yet its prestige. Its history is romantic, as will be seen in the description given in the first part of this article.

"Towards the close of the year 1669 an Armenian, named Pascal, set up a shop in the market of St. Germain, where he publicly sold coffee; the knights of Malta, who had dwelt in the East, travelers and officers gave so great a reputation to his establishment that it was sold very dear. He had numerous successors who all did an excellent business. One named Stephen of Aleppo finally built in the Rue St. Andre des Ares, a room magnificent for the time, which he decorated with glasses and marble tables. . . . Voltaire immortalized the Procope Coffee House, where a table of J. J. Rousseau and the encyclopedists is still shown. . . . J. B. Rousseau, who, as he says in his memoirs, had besotted himself in the society of the Widow Laurent's Coffee House, there composed, it is said, the celebrated couplets against the usual visitors, Lamothe, Crebillon, and Saurin, that occasioned his banishment by the Parliament of Paris in 1712."—A.

The introduction of the coffee houses to German countries may be related as follows: In 1683, the Turks besieged Vienna with an enormous army, but were completely routed. In their camp large quantities of coffee berries were found and presented to a valiant soldier named Kolschutski, who established the first Vienna coffee house. His drink sprang at once into favor, and it has ever since remained in favor.

In the United States the term coffee house has ever prevailed as a misnomer, being misapplied to retail liquor houses, and, unfortunately, to those of the lower order. However, the general introduction of this African nerve-drink to our homes, restaurants, and hotels, its use by all classes of people, and all sects in religious belief and unbelief, its unquestioned helpfulness in moderation linked with its stimulant and narcotic effects that in overdoses happily do not pass into drunkenness, its grateful taste and its general use in families where, as a rule, it is employed in moderation, have together inspired to render it unnecessary that there should be any American "Coffee Houses."



## CONCERNING BOOKS.

By H. W. FELTER, M. D.

Within the last two months Eclectic literature has been greatly enriched by the publication of "The Eclectic Practice of Medicine," by Rolla L. Thomas, M. S., M. D., Professor of Principles and Practice of Medicine in the Eclectic Medical Institute of Cincinnati, O. (pp. 1033. Illustrated. The Scudder Brothers Company. Price, cloth, \$6.00; sheep, \$7.00.) This is a magnificent volume, both in points of matter and mechanical make up. It is richly printed on good paper, illustrated both in black and colors, and substantially bound. The author's twenty-five years' experience in practice, and a great part of that time in teaching the principles and practice of Eclecticism, has made him well fitted for the task he has so ably accomplished. As the author states in his preface, he does not desire it understood that most of the material presented is new, "for it is one of the fundamental principles of specific medication (modern Eclecticism) that when once the relation of drug action to diseased conditions is found, it is found for all time; that an agent that will correct a specific condition to-day, will correct the same condition to-morrow, next year, or a hundred years hence, therefore many of the remedies used twenty-five, thirty, or fifty years ago are used to-day." While this is true doctrine, something must be allowed for discrimination in the selection of the most specific means of cure, and in this Professor Thomas has excelled. One thing is noticeable, especially to those who have been so fortunate as to have been taught by Professor Thomas—he has given only that which he has faith in and the work is no sense a compilation of a great many means that may be employed to relieve specific conditions. Some will perhaps be disappointed in what appears to be a paucity of therapy, but when it will be seen that the best remedies and practice are followed and that these are backed by the author's experience, the view point will have changed. Professor Thomas has proved a master in the art of condensation. Where many works devote scores of pages to etiology and pathology, he has just as clearly stated the essential facts in smaller compass and with accuracy and up-to-date fidelity. As with all good works on practice, this one presents the diagnostic symptoms in such a manner as to make a good clinical picture—so distinct that it does not require a great mental effort to differentiate the one disease picture from that of another. Credit is freely given for matter judiciously abstracted from other sources, or experience contributed by other writers. Much space is given to the more common diseases—those in which the practitioner most needs help—and but little, yet enough, attention is paid to rarer forms of disease. Wherever a disease is considered in which the author has had no experience he frankly says so. Such frankness gives one faith in the work and stamps it as a reliable guide. The sections on tuberculosis and infectious diseases are masterpieces and alone worth the

price of the book. The author's style is clear, easy to read, and destitute of unnecessary verbiage. The treatment is characteristically Eclectic, and follows closely the teachings of Dr. Scudder. The book adds to the already good store of Eclectic works, and will do much to excite admiration of Eclectic methods in other branches of the profession. It will be a conspicuous volume upon the book shelf of Eclectics everywhere. With true filial devotion, Professor Thomas has dedicated his effort to his father and preceptor, the pioneer Eclectic, Dr. Milton L. Thomas.—Another work of great merit and a needed addition to our resources, is "A Manual of the Eclectic Treatment of Disease," by Finley Ellingwood, M. D., Professor of Materia Medica and Therapeutics in Bennett College of Eclectic Medicine and Surgery of Chicago (Vol. I, pp. 445. Chicago Medical Times Publishing Co., 100 State Street, Chicago, Ill. 1906.) Judging by the first volume this work covers very fully the Eclectic drugs and medicines and their indications and therapeutic application in diseased conditions. It is not designed to be a work on practice, yet sufficiently succinct accounts of definition, etiology, symptomatology, diagnosis, etc., are included to make it practically a work on practice. The book is exhaustive in treatment, the author giving his personal experience as well as a vast amount of collated therapy from reliable authors. A good feature is the retention of old remedies, with credit to the older Eclectics who introduced them. The ground covered parallels that presented in the author's widely used and excellent materia medica. The prominent symptoms of disease are in heavy black face type as are also the remedies, thus making it a convenient work for quick reference. The indications are well but briefly stated, and the work is fully up to date. We note, however, that while giving a great many remedies for whooping cough, the use of solanum seems to have been overlooked. The book is light in weight, rendering it easy to handle, and is printed in good clear type on antique book paper. Altogether the profession and Professor Ellingwood are to be congratulated upon this excellent volume. It is to be hoped that the second volume will quickly follow.—A work that will interest those who desire a better knowledge of digestion and its disorders is "The Test-Diet in Intestinal Diseases," by Professor Dr. Adolf Schmidt and Charles D. Aaron, M. D. (Pp. 91. Extra cloth, crown octavo. Frontispiece, color-plate. Price, \$1.00 net. F. A. Davis Company, 1914-16 Cherry Street, Philadelphia, 1906.) The object of these lectures is to make the pathology of the intestines as well known as is that of the stomach. The work is an important one and has been presented to meet the needs of the practitioner. Besides the author's own work, seventy-five books and articles have been laid under tribute in the production of this useful guide.—The second volume of "Modern Clinical Medicine," edited by Richard C. Cabot, M. D., and translated under the supervision of Julius L. Salinger, M. D. (Pp. 649; one colored plate and 58 text illustrations. D. Appleton & Co., New York and London. 1906), fully sustains the reputation earned by the first volume of this series. This volume covers those diseases

concerning which so much has recently been learned through exact clinical methods, e. g., diabetes, etc. Diseases of metabolism and the blood, animal parasites and toxicology, make up the contents of this volume. From no set of books can one better keep in touch with the most modern methods of foreign clinics than from "Modern Clinical Medicine."—The eighth edition of "A Compend of Obstetrics," by Henry G. Landis, A. M., M. D., revised by William H. Wells, M. D. (Pp. 227. Illustrated. 8th edition. P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia, 1906), well attests the popularity of this small work. The question form has been preserved and it is a book that might be advantageously reviewed semi-annually at least by the practicing physician. Compendes can never take the place of fuller treatises, but they are invaluable for reviews after a long and tedious study of larger works. To our mind they are of greater value to the practitioner than to the undergraduate. This book is one of the best of its class.—"Diseases of the Nervous System Resulting from Accident and Injury," by Pearce Bailey, A. M., M. D. (Pp. 627. 94 illustrations. D. Appleton & Co., 436 Fifth Avenue, New York, 1906), is the new title of a revised and much enlarged work treating of the after-results to the nervous system due to accidents and injury. This important field is viewed from the neurologists' standpoint, and those subjects more fully covered in general works on surgery are dismissed with briefest mention. The writer states that "the late effects of brain injuries, for example, receive more notice than the acute symptoms, and the principles of treatment of purely surgical affections, while indicated, are not construed as to operative details." Not only to the surgeon and the neurologist, but to the general practitioner and medico-legal expert ought this work to be of special value on account of the numerous traumatic neuroses liable to be met in every-day practice. The book is published in the well-known Appleton style.—"The Ophthalmoscope and How to Use It," by James Thorington, A. M., M. D. (Pp. 298. Illustrations, 73, of which 12 are colored plates. Price, \$2.50. P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia, 1906), is designed to furnish the student and general practitioner a working knowledge of the ophthalmoscope with the interpretation of its findings. The value of such a work, richly illustrated as it is with full page colored plates, showing appearance of normal retinæ and the retinæ in constitutional diseases, must be apparent. The work is handsomely printed in large type. By means of this guide and the ophthalmoscope many diseases of brain, spinal cord, heart, kidney, blood, and blood vessels can be detected with greater surety than in any other way. The author's clear presentation of a difficult subject makes this a valuable treatise for the practitioner.—"The World Anatomists," by G. W. H. Kemper, M. D. (Pp. 79. 11 illustrations. P. Blakiston's Son & Company. Paper, 50 cents), is a useful little brochure giving succinct life-sketches of the men whose names are so frequently encountered in anatomical literature. It should be of special value to the student, who takes more interest in his reading if he has at least even a slight reading acquaintance with the world's great anatomists.





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## EDITORIAL.

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**ISHAM J. M. GOSS, A. M., M. D., LL. D.**—Among the earliest to embrace the principles and practice of American medicine were a large number of the Southern physicians. When Eclecticism, though originating in the North and at a time when sectional and political feeling ran high, had become well established, she found among her adherents many from the Southland. To her they have remained loyal. A large proportion of the students enrolled at the Worthington College were from below the Ohio, and when the Eclectic Medical Institute was almost forced to close her doors it was partly consequent upon the withdrawal of a large body of Southern students, reluctantly compelled to relinquish their studies because of the great Civil War. Happily the conflict did not blot out their zeal for Eclecticism, and to-day, as for a half century, we find no more loyal, zealous, and progressive Eclectics than those of our Southern States. Among those in the Southland whose influence was specially marked, who wrote extensively and well, and who did much to credit Eclecticism, was the late Dr. I. J. M. Goss, of Georgia.

Isham Jabus Marshall Goss was born, of German descent, in Newton County, Georgia, August 16, 1819. He died of pneumonia supervening upon old age, at his home in Marietta, Georgia, December 25, 1896. Dr. Goss's father was a clergyman, Rev. Isham Goss; his mother, Nancy Garr. His early life, like that of so many

self-made men, was one of persistent toil. As a boy his education was such as the common school afforded, finishing at Beeman's high school in Harris County, Georgia; as a young man he added one to the host of school teachers who have subsequently made a success of medical practice. In 1839 he entered the Medical College of Augusta (Medical Department of University of Georgia) from which, it is recorded, he graduated in 1844. Some time thereafter (about 1855) he again graduated from the Eclectic Medical College of Philadelphia, and in 1856 the Eclectic Medical Institute conferred upon him the honorary degree. Beginning practice in Jackson County, Georgia, in 1853, he remained there six years; he then practiced successively in Social Circle from 1869 to 1872, and in Marietta from 1872 until his death in 1896. Dr. Goss was a Methodist and a Mason, and held the degrees of Doctor of Divinity and Doctor of Laws, attesting his standing as a scholar. From 1878 to 1896 he was successively professor of materia medica and therapeutics and professor of theory and practice of medicine in the Georgia College of Eclectic Medicine and Surgery at Atlanta. He wielded a prolific pen, writing incessantly for Eclectic and regular medical journals to the number of at least a half-dozen, and his contributions were widely copied regardless of the fact that he was a conspicuous member of the Eclectic branch of the profession. Dr. Goss was the author of text-books that had a wide sale and contained many original thoughts and observations. They were "New Remedies," "The American Practice," "The Practice of Medicine, or the Specific Art of Healing," and "Materia Medica, Pharmacology, and Therapeutics," the two last-named passing through several editions. Chionanthus was introduced into medical practice by him. He was a member of the National Eclectic and Georgia Eclectic Medical Associations. Dr. Goss was united in marriage with Frances Carithers in 1856, who, with several children, is still living.

Dr. Goss was a notable type of the self-made man. Beginning as a poor boy he succeeded in the real business of life—that of contributing to the good and happiness of others—and rose to the front rank of his profession. He was equally prominent as a writer, teacher, and physician. A good citizen, a kind husband and father, an enthusiastic supporter of Eclecticism and specific medication, to which he contributed much, he lived beyond the allotted age of man, left an enviable record, and the world was the better for his fruitful

life. Dr. Goss was actively engaged in practice and in the field of medical literature when stricken. "He was sincere in friendship and steadfast, a noble specimen of the old war-horse in the pioneer walks of medical reform and progress," wrote his life-long friend and colaborer, Dr. Joseph Adolphus. A valiant advocate of his chosen branch of the profession, yet was he tolerant and respectful of the claims of others. When he died *"The Medical Age"* paid him this tribute: "He was broad and liberal minded, and as such he was highly respected by all true physicians regardless of personal bias as to pathy or ism." Another wrote: "The loss is one in which a circle that stretches throughout the country joins hands with those who knew him best."

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**GUNSHOT WOUNDS, AND TRAUMATIC TETANUS.**—With the approach of Independence Day the physician may with confidence, and not without some trepidation, look forward to a batch of injuries brought about by careless but enthusiastic celebrators. A large number of these will come under the class of gunshot wounds, for every injury caused by an explosive, whether a gun, a pistol, or a blast, is of a similar nature and classed under this common appellation. It is not our purpose in this brief article to cover the subject of gunshot wounds, but to remind the physician that some of the apparently insignificant injuries of this character are often the most troublesome, though at the time of their occurrence they are too apt to be considered trivial. A fatal bullet wound may appear of little moment when viewed only from the small hole of entrance of the missile, yet death lies in the track. So with many of the injuries received while gloriously celebrating the birthday of our liberties, we may confidently look for the usual sad proportion of cases of that most fearful of spasmodic agonies—traumatic tetanus.

We will not stop to discuss the missiles that produce these wounds nor to discuss specially whether these wounds be contused or lacerated, simple or compound, but rather to lay stress upon the fact that in all gunshot wounds, whether from the shotgun, the loaded anvil, the giant cracker, bombs, percussion caps, toy pistols, hunting rifle, or the abominable "nigger head" canes, we have an injury of a peculiar type, and no matter how slight one that the physician can only look upon with apprehension and dread until several weeks after the accident have elapsed. He must be exceedingly guarded in his prognosis, explicit in his directions to the in-



jured, and vigilant and carefully aseptic in his treatment. Here he has to contend with fragments of foreign bodies in the shape of variously contaminated dirt and dirty garments, fragments of clothing, gun wadding, splinters of wood, chemicals, or lead, but worst of all, germ-laden dirt. These foreign bodies may be in large particles or so small as to defy detection. In all such wounds which refuse to heal, it is reasonable to suspect the presence of some of these foreign invaders. Added to this we often have the combined effect of a burn with the deadening of the tissue from the impact of the explosive. Therefore, while the physician should always be careful and painstaking in the treatment of wounds in general, he should be doubly guarded in the treatment of gunshot wounds.

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**TREATMENT OF GUNSHOT WOUNDS.**—In the treatment of gunshot wounds, not necessarily fatal, a subject upon which we can only touch, conservation of tissue, prevention of deformity and cosmetic appearances should be taken into account. But of more moment at the outset of treatment is the control of hemorrhage, and above all the prevention of sepsis and possible infection of tetanus. Therefore such injuries require more guarded attention than may be necessary in ordinary cuts, contusions, and fractures, even though these are not free from likelihood of septic or tetanic infection. It is presupposed that any physician or surgeon will use due care and diligence in the preparation of a wound for dressing, but it is a notorious fact that many are not so careful, and particularly in the matter of asepsis. It matters not that one's views may be opposed to the theory of germ infection, and such views are generally not based upon careful investigation, but upon preformed conclusions, it is a simple truth, evident even to the most careless, that cleanliness is far to be preferred to dirty manipulation of a wound. The greatest obstacles to success in the treatment of wounds come from carelessness in the application of dressings by the unskilled layman and from the over-zealous believer in heroic preparation and treatment.

It is a principle of modern surgery that the gunshot wound should be scrupulously protected from contamination from without. Better that a wound be left open to the air than that filthy or careless dressings be applied. We once attended a case of compound fracture of the tibia in which the patient—an old woman with an-

cient notions of domestic medication—had applied a dressing of her own urine; another case in which a man had dressed an extensive blister of the foot with fresh cow feces. Within the last week a puncture wound of the elbow came under our care in which a dressing of cobwebs had been applied to restrain hemorrhage. It is yet too soon to know whether the “sardonic grin” will appear, for the wound though small is exceedingly painful and irritable. It is just such crude and dirty treatment as this that offers the best chances for tetanic invasion.

The Fourth of July will furnish a harvest of injuries, for history repeats itself. They will be filled with all sorts of debris. The roadway, the sidewalk, and the streets will furnish most of them. There will be dirt, manure, germ-laden dust, powder, gun-wadding, or fragments of paper and coloring matter in them. Many of these wounds will be exceedingly ragged. The impact of missile or whatever causes the injury will deaden sensation more or less and the surgeon is then apt to roughly handle the wound. Let us plead for the good of the injured and the name of surgery for *gentle*, though thorough, treatment.

Gunshot wounds should be thoroughly searched for extraneous matter and all such gently and thoroughly removed and the parts cleansed in an aseptic manner. All ragged tissues likely to die should be removed. Needless probing should be avoided, and the finger, rendered thoroughly aseptic, should be used in preference to the probe. If, however, the probe is necessary, its use should not be withheld. If necessary, a wound should be liberally enlarged in order to cleanse and treat it. If antiseptics are to be used their use should be thorough, every recess of the injury being reached. If the wound is slight anæsthesia may not be needed, but if very painful an anæsthetic should be given that the examination may be made complete. If possible the first or primary examination should be so thorough that no further examination should be required. Antiseptic dressings, of which there are many, should now be applied, but the parts should not be so encased that they can not be readily inspected, if required. Should bones be fractured or should parts be unduly movable splints should figure in the dressings. The greatest and possible danger of tetanus demands some sort of vigorous germicide. It is quite customary with many to use full strength, or strong solution of, carbolic acid, but the fact must not be overlooked that even this agent may produce carbolic acid gan-

grene. Permanganate of potassium is a useful first dressing; while others rely on mercuric chloride, iodoform, boric acid, or one of the many antiseptic specialties now offered by the trade. In our limited experience we have used a good soap and hot water cleansing followed by permanganate of potassium, and finally dressing with a solution as follows:  $\mathcal{R}$  Specific echinacea,  $\mathfrak{z}$ ij; solution of carbolic acid,  $\mathfrak{z}$ ss; asepsin, grs. x; boiled water q. s.,  $\mathfrak{z}$ viiij. Mix. Apply upon gauze. In some cases we have used echinacea alone, in others echafocta. Whatever course is pursued, watchfulness is imperative, and where the well-known signs of septic contamination appear, as progressive or sudden rise of temperature, inflammation, increasing infiltration, or gangrene, every measure should be resorted to to jugulate the infection.

However, it is not our purpose to cover the treatment of these wounds. That is covered in every up-to-date surgery. All who practice should know it. It is only to remind some who may be too hopeful of good results from little care or treatment (there are those who seem to delight in opposing that which the skilled majority have found imperative) of a few essentials in the care of gunshot cases. These are briefly: Remember the danger from outside contamination. Make one thorough cleansing of the wound, under anæsthesia if necessary, do, but be very thorough in rendering every recess as aseptic as possible. Handle the parts gently, you are dealing with delicate structures; apply antiseptic dressings as early as possible for the tetanus bacillus thrives only at the entrance of the wound and should be rendered inactive before the tetanotoxin can be elaborated. Finally, exercise more than ordinary care in these cases and remember that there is just as much danger of tetanus from the smallest wound as from one of greater magnitude. The toy-pistol may be as deadly as a cannon, and wounds caused by it should be especially watched. An irritable wound exhibiting pain all out of proportion to its size should be regarded with suspicion.

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**THE BACILLUS TETANI AND ITS TOXIN.**—The physician who relies upon the etiology and nature of tetanus as viewed a quarter of a century ago can have no conception of the disease as viewed in the light of exact research of to-day. While the symptoms of tetanus have been well known, even since the day of Hippocrates, who showed a remarkable acquaintance with them, the dis-

ease has only recently been studied so as to give any definite and plausible idea of its causation and development. Though it was long ago remarked that injuries received in stables, or in those who worked in stables and in manure, were peculiarly liable to tetanus, yet it remained for the source to be found in a specific germ. That it was of an infectious nature was quite conclusively shown by the experiments of two Italian investigators—Carle and Rattone—who, early in the eighties of the last century, succeeded in producing tetanus in rabbits by injecting into them fluid taken from a pustule occurring in a case of tetanus. Shortly thereafter Nicolaier discovered, in 1884, the true cause of tetanus in the form of a bacillus found in abundance in garden earth. Though plentiful in nature the *bacillus tetani* does not appear to occur uniformly. In some parts of Europe it has not been found at all, while in some of the West Indies it is a prolific cause of one form of tetanus—that of the new-born—*tetanus neonatorum*, an infection taking place through the severed umbilical cord. Certain savage tribes of Africa and the East Indies use an arrow-poison known to produce tetanus. The tetanus bacillus, as noted above, has been found abundantly in garden earth and also in the dust of streets, in dwellings, stables, and in the feces of herbivorous animals. The organism was finally obtained in pure culture by the now celebrated Japanese scientist-physician, Kitasato, who, in 1889, isolated from the wound of a man affected with tetanus the typical bacilli from which he obtained the pure culture only by keeping the culture media absolutely free from oxygen. Thus it grows only anaërobically and to this fact, though it is enormously abundant in nature and extraordinarily resists heat and chemicals and is capable of retaining full virulence for years on substances on which it has dried, in dust, and in water, is attributed the comparatively few cases of tetanus encountered, even though the slightest wound is capable of infection from it. The bacilli only flourish at the entrance of the wound and do not enter the blood and organs. It has been demonstrated, however, that the bacilli yield a toxin of a marvelously poisonous nature, to which several names have been given and which has been split into several intensely poisonous bodies, which locates in the nerve tissue and produce this toxic infectious disease by exciting the motor-cells of the central nervous system, particularly in the spinal cord. This toxin, the exact nature of which is not yet fully understood, is found chiefly in the nerve structures and but very sparingly

in the blood-current. Unlike the bacilli its activity is readily destroyed by heat, by direct sunlight, and much more readily by chemicals. So great is its toxicity that the millionth part is said to be sufficient to kill a mouse. This toxin, then, in the light of present knowledge, is the active or exciting cause of that most fearful of convulsive diseases—tetanus.

The bacillus tetani is a straight, slender rod ending in a button-like thickening thought to be a spore. It has been compared to a pin or drumstick. Deviations from this type, without the swollen ends or spore, have also been found. Moist heat at 100° C. kills the spores in five (5) minutes, mercuric chloride (1 in 1000) in three (3) hours, and 5 per cent solution of carbolic acid in fifteen (15) hours. As before stated it does not grow in the presence of oxygen, neither will it thrive in carbon dioxide, but it flourishes in an atmosphere of hydrogen. The discovery of this bacillus and its toxin naturally has led to a search for an antitoxin. Several have been prepared, but according to most physicians who have had experience with them, they are disappointingly ineffective.

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**SYMPTOMS OF TETANUS.**—The symptoms of tetanus need be but briefly referred to, for when the disease is well-established the condition is readily recognizable by any well-informed practitioner. It is to the early symptoms that especial attention should be directed, for one is very apt to look upon trivial symptoms as of little importance and to attribute them to such common causes as cold or exhaustion. If there is any opportunity to save a tetanic patient that opportunity is made to promote good results if the symptoms are recognized early and prompt treatment instituted. The disease slays quickly; there is no time to be lost. If the victim dies he usually passes away in less than six days. Bearing in mind the history of a wound, gunshot or otherwise, the physician is forewarned. Should a slight stiffening and soreness of the muscles of the neck or jaw, such as might ordinarily be attributed to refrigeration resulting in "stiff neck," be observed, it should be sufficient to arouse suspicion and prompt the most vigilant watchfulness on part of the attendant. If added to these there is the *risus sardonicus*—the sardonic or tetanic grin—full of fearful meaning, then no time should be lost in instituting a fight for the life of the patient. The muscular stiffness may or may not be preceded by a chill, but

quickly becomes associated with trismus (lockjaw) or spasm of the masseter muscles. Nearly all the muscles of the body now become involved—particularly the muscles of the back and abdomen, so that the victim may be lifted like a board or rolled about like a log. There is no relaxation of this rigidity as in other convulsive disorders, though the limbs may relax to such a degree that the patient could walk were he allowed to do so. The slight relaxations are speedily followed by more severe spasms, brought on by the least exertion, by noise, or even a draught of air. The vise-like contractions cause excruciating pain, causing the victim to cry out in his agony, the respiration is impeded and asphyxia threatened. Sphincter contraction may cause retention of feces and urine and food can not be swallowed. Profuse sweating follows the convulsive attacks and the temperature may not, as a rule, be far above normal. In rare cases it is subnormal and again it has reached 112° F. So intense may be the muscular contraction that the body rests upon the head and heels (opisthotonos) and the rectus abdominis muscle has been known to have ruptured. Occasionally the body is arched forward (emprosthotonos) and rarely it is strongly bent laterally (pleurosthotonos). The arms and hands alone may escape the spasmodic involvement and usually do not convulse. This together with the fact that but a few days have elapsed since an injury (particularly a puncture, vaccination, a burn, use of the hypodermic needle, etc.), the stiffness of the cervical muscles, the trismic symptoms, the risus sardonicus, muscular spasm passing mostly from above downward, the abdominal rigidity maintained between the convulsive attacks, should lead unerringly to the diagnosis of this most fearful of convulsive diseases. Unhappily the mind is unaffected and the victim has the mental torture entailed by the knowledge of his bodily infliction.

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**TREATMENT OF TETANUS.**—The history of the treatment of tetanus shows forcibly the limitations of human achievements and sheds but little glory upon the medical profession. No school or sect in medicine can justly claim any superiority in methods or results in the control of this fearful malady. Tetanus stands to-day a problem unsolved so far as available treatment is concerned. Some of the more optimistic believe that they see some hope in the serum investigations now being pursued. That success may crown the efforts of scientists who are working in this line may be devoutly

wished, but it appears that more good will come from the preventive side of medicine which may be learned from their work than may be expected from an antitoxin body. While severe tetanus is so rarely cured, it is certain that many cases can be prevented by prompt and proper attention to wounds. The use of dangerous weapons and fireworks should be regulated by legal control.

The treatment of tetanus is both surgical and medicinal. The wound, if still existing, should be excised and then cauterized with pure carbolic acid, the hot iron, or silver nitrate, and antiseptic dressings applied. Subsequent dressing should be avoided as much as possible in order not to provoke convulsions. If the wound has healed it should be reopened, excised, all foreign material cleaned out, and the parts irrigated first with some chemical solution, as of potassium permanganate, followed by echinacea and cauterization. Fully 80 per cent of victims of traumatic tetanus perish, while over 50 per cent with so-called idiopathic tetanus die. Many question but that the latter begins in traumatism not recognized. It is most fatal in infants and negroes, while in older children the prognosis seems more favorable than in adults, for many children have recovered. If a tetanic patient survives the sixth day his chances for recovery are considered fairly good. The aphorisms of Hippocrates are seemingly as true to-day as when uttered centuries ago. "The spasm supervening on a wound is fatal," and "such persons as are seized with tetanus die within four days, or if they pass these they recover."

Absolute quiet, a single attendant with padded footwear, a dark room, and warm and dry air are considered imperative in the management of tetanus. The warm bath and vapor bath have seemed to accomplish as much as drugs and certainly contribute to lessening the frequency and severity of the spasms. Morphine is used to allay pain and retard or diminish convulsive explosions, and it is good treatment to control violent spasms by means of chloroform or ether anæsthesia. Recovery has occasionally followed the use of chloral and bromide of potassium, singly or combined, but the weight of evidence is in favor of the combination. Physostigma, eserine, curare, belladonna, cannabis indica, cocaine, conium, cicuta, amyl nitrate, salicylic acid, and carbolic acid (2 per cent subcutaneously) have all been tried with varying success, fairly good results attending the last named. Probably of these the combination of chloral and potassium bromide have been most effective. The

action of the first upon the heart is its greatest contraindication. Curare and physostigma (or its alkaloid eserine) are notable examples of the futility of basing treatment upon physiological action. Even though chloral and potassium bromide act by controlling muscular power, yet there is the exhaustion always present which is probably contributed to, or at least not helped by their exhibition. As before intimated much was hoped for in the antitoxine treatment, but nearly all observers, and most of them favorable to serum therapy, have decided and admitted it to be a most lamentable failure. As it seems to offer as good results as drugs have given it is still pursued by some as a part of the treatment. The difficulty of getting the antitoxine into the nervous tissues and centers is the reason offered for its lack of success. Injections into the brain substance, and sub-dural spinal injections have not improved matters. Those cases in which the antitoxine treatment has yielded apparent results are admitted to have been of the subacute varieties, and, of course, of a more hopeful prognosis, even if no medication had been attempted. A recent experimenter, reasoning that if the spasms could be controlled, the disease would be mastered, employed solution of magnesium sulphate subdurally after lumbar puncture. In one case the spasms were absolutely and completely controlled, in another failure to control convulsive action was attributed to an insufficient dose. Death occurred, however, in both cases, one from exhaustion, the other from asphyxia from the convulsions.

In Eclectic practice some means have been advised that do not appear to have been relied upon by other branches of the profession. The chief of the remedies employed have been gelsemium and lobelia. Over a quarter of a century ago, Professor Scudder wrote: "If any one agent is more to be relied on than another it is gelsemium." More recently (1884) it has been advised hypodermically in large doses by Dr. Ellingwood in veterinary practice. It and chloral are probably the best agents now in use among us. Passiflora and solanum carolinense have both been advocated, and more recently flattering reports attest the possible value of echinacea in large doses internally, injected about the wounds and used upon compresses. Ellingwood ("Treatment of Disease") refers to a collected record of nearly forty cases recovering under its use. Thomas ("Eclectic Practice of Medicine") cites cases reported by Dr. Huntly and the late Dr. Wohlgemuth, in which lobelia by mouth and by rectum, was successfully used. Scudder and others advised



the compound powder of lobelia and capsicum followed by gelsemium. Tobacco and nicotine have both been highly praised, but must be used with extreme caution. There the therapy rests, and yet the mortality is high. Feeding by rectum, if necessary, should not be neglected, for the strength of the patient must be sustained. Rich broths and soups and milk, with brandy, form the best and most nourishing foods.

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**THE INDICATED REMEDY: JABORANDI.**—The importance of restoring the proper functioning of the glands of the body is an unquestioned advantage in the treatment of disease in which there is evident deficiency of the secretion. The regulation of the secretions has been always a cardinal feature in the philosophy of medication. Some agents impress some secretions more than others. A prominent example of this is found in a remedy which has come into Eclectic medicine by adoption and now occupies an important place in its therapy. Jaborandi, which is the leaf of several species of *Pilocarpus*, is a decided stimulant of the secretory glands, most largely manifested in the skin and salivary bodies. Like veratrum, it is a remedy for sthenic conditions, with arrested secretions. In fact the keynote in its therapy is arrest of secretion, whether it be in the glands of the skin, the special ferment glands, or the glands of the mucous tract. Over-secretion due to weakness of glands is also corrected by it, and the unhealthy outpour controlled. In other words, it tends to normal secretion by correcting faulty action as manifested in either deficiency or hypersecretion. It is an excellent remedy in acute inflammatory conditions, particularly of the respiratory organs, and in acute rheumatism. Occasionally it produces vomiting and excessive sweating, usually when given too freely. The indications are direct and distinctive: Deficient secretion; marked dryness and heat of skin and mucous tissues; muscular pain; muscular spasms; pain with puffiness of tissues; urinal suppression, the urine being of high specific gravity and deep color; pulse full, hard, sharp, and strong, with deficient secretion; increased temperature with dryness of skin and membranes; sthenic forms of fever; marked restlessness due to lack of secretion; ptyalism, with stomatitis; inflammatory rheumatism, with swollen and painful parts and dry membranes and skin; soreness and stiffness of joints in subacute rheumatism; dry harsh cough; tenacious sputum; edema and dropsy in heart and kidney affections with de-

iciency of urine; uremia; uræmic poisoning with convulsions; itching, with jaundice; amenorrhœa, when associated with general lack of secretion; increased ocular tension; deafness due to deficient aural secretion, and colliquative sweating (minute doses).

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**YELLOW FEVER: ITS PRESENT STATUS AND NEWER DIAGNOSTIC SYMPTOMS.**—The classic symptoms of yellow fever are too well known to warrant devoting space to them here. There have been, however, some valuable points determined upon in recent years, as ready diagnostic factors, that should be of great assistance in establishing an early diagnosis in districts in which the fever is known to exist or is suspected. Even mild cases, so many of which frequently escaped detection in the past or were only suspected, not proven, may now with a degree of certainty be early and readily diagnosed by the newer diagnostic signs. Bacteriology has thus far only enabled a diagnosis in certain doubtful cases by showing the plasmodium of malaria, thus contributing to a diagnosis by exclusion. Yet it appears that there are many cases immediately following, or a mixture of, malaria with yellow fever. The exciting organism of the latter has so far defied discovery, yet there is no doubt that it is a poisonous product of filth—a parasite—for the fever is most prevalent and most virulent in cities of the sea coast where the sanitary conditions are unquestionably bad. Undrained and badly drained localities, a crowded population, badly ventilated and dark homes, where heat, stench, and moisture are sure to be found, are favored localities for yellow fever. The poison seems best preserved where heat and humidity abound and in the United States, at least, the epidemics are confined to the summer and autumn months. The appearance of frost checks the ravages of the disease, but appears only to affect the activity of the poison—it does not destroy it. While the exciting cause, be it a bacterium or something else, has not been discovered, the method of its spread has been quite satisfactorily settled. In the light of the investigations of the last decade, in which many have shown the martyr spirit and some have met the martyr's death, it can scarcely be doubted that the mosquito—*Stegomyia fasciata*—is the host of a poison, ultra-microscopic as yet, which is conveyed into the human system by the insect after it has fed upon the blood of a victim of yellow fever. That it is not conveyed by fomites is now equally well

settled. As now viewed the destruction of this variety of mosquito in its haunts and breeding places means the extermination of this historic pest—yellow fever—which has for long centuries devastated the coast districts and areas of less than 1,500 feet above the level of the sea. In America its frightful annals may take place among the history of plagues.

The destruction of the mosquitoes is in itself no small task, for it will be difficult to destroy them all or to find their haunts, and then there are likely to continue those mild and consequently unrecognized cases in Creole children and in negroes, a race which either escapes the disease entirely or has it usually in the very mild forms. Such live in poor sanitary condition, in filthy surroundings, and in unscreened hovels, and are so indifferent to education in sanitary matters, that they thus far have proved to be among the most dangerous transmitters of the disease. Visitors to, and foreigners living in, the yellow fever district furnish especial susceptibility and among them is found a great mortality. The poor, the hard workers and hard drinkers, and the hospital subjects, however, show the greatest mortality, which has ranged, according to the epidemic, from 15 to 85 per cent. In private cases the mortality is greatly reduced.

The new diagnostic symptoms, strongly emphasized by Guiteras, are: The *facies*, the early albuminuria, and the slow pulse.

First the *facies*: This is characteristic and once seen is said to be readily recognized. The flushing of the face is earlier (the first morning) and more pronounced than in any other of the acute infectious diseases. The eyes are injected—a bright red—and the lids are swollen. The whole appearance is said to resemble that of one who had been exposed to wood smoke. Now comes the early appearance of jaundice, even though slight in hue, and this icteric symptom appearing as early as the first day, is regarded by Guiteras as the most characteristic feature of the *facies* of yellow fever."

The *early albuminuria*: This is entirely out of proportion to the other symptoms. It occurs as early as the second day and may even be found in such mild cases as are denominated "walking yellow fever." The presence of albumin may be quite transient or more or less persistent. Albumin is also found in influenza, and quite commonly in enteric fever, it is known to be present in dengue and rarely in malaria, but in none of these in the proportion and at the early stage that it is found in yellow fever. On the finding of albumin in

acute infectious diseases, Guiteras makes this important observation:

"We all know that albumin in the urine is a very characteristic symptom of yellow fever, but our judgment should be careful as to the interpretation that is to be given to the presence of albumin in the urine. After a careful study in Havana of many kinds of fever, we have found that albumin in the urine is more common in other acute infectious diseases than we thought."

*The slow pulse:* A remarkable slowing of the pulse, while the fever remains stationary, or is even rising, as shown by Faget, of New Orleans, constitutes the third diagnostic sign of Guiteras. The pulse may be slowed at least twenty beats while the temperature is rising one to two degrees. While the temperature may be 103° to 104° F. on the third day, the pulse may only be running from 70 to 80, and during defervescence may drop to all points down to 30. The slow pulse was recognized many years ago and was noted as a symptom by some authors, but the ratio between the temperature and the pulse seems not to have been taken into account as a special diagnostic feature.

The black vomit so characteristic of severe cases is not present in all, and is not now looked upon as necessarily an omen of a fatal issue. Other signs more recently advanced by Guiteras (address before American Health Association, Boston, September, 1905) are:

"The special symptoms we have brought out in recent work on yellow fever in Cuba, and which have been confirmed in New Orleans, are: In the first place, a high percentage of hemoglobin in yellow fever. That is a very important diagnostic sign of the disease, especially as distinguishing it from typhoid fever, malaria, and influenza, three diseases that are frequently confounded with yellow fever. In influenza, typhoid fever, and malaria the percentage of hemoglobin is low—70, 75, 80 perhaps. In malaria and typhoid fever, on the second day of the disease, you notice a fall in the percentage of hemoglobin in the blood. In yellow fever we have a high percentage of hemoglobin, very often 100, sometimes above 100, during the first three, four, and five days of the disease, and rarely below 90. If the percentage of hemoglobin should go below 80, and the case should turn out to be one of yellow fever, we find almost always some complication, or the patient has been suffering previously from malaria.

"Another point has been of considerable help to me during the present epidemic, especially in Florida, where we were confronted with the existence of an epidemic of dengue, and where the question came up quite frequently as to whether yellow fever was or was not present. I refer to the diazo-reaction of Ehrlich. This is an im-

portant diagnostic sign in typhoid fever in the first days of the disease. It may be present in other infectious diseases, but I doubt if it be ever present in uncomplicated yellow fever. On two occasions my mind has been completely relieved as to the existence of yellow fever during the past summer in the South by finding the Ehrlich diazo-reaction in the urine. I was able from my experience in Havana to exclude at once yellow fever. The Ehrlich reaction was found occasionally in severe cases of dengue."

If the mosquito theory of transmission is true, and we can have little doubt but that it is, prophylaxis is the greatest problem to be mastered. The protection of non-immunes from the bites of infecting mosquitoes, the screening of houses of infected persons, and the use of nets together with the destruction of mosquitoes within the living rooms, and extermination of the larvæ and their breeding places are of the greatest importance. The latter is accomplished by drainage and the vigorous and thorough use of insecticides and larvacides such as petroleum, aniline dyes, insect powders, and tobacco.

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**SCABIES.**—Diagnostic experience even in some common complaints has not come to all of us. This is no fault of the physician but is due to the fact that some diseases appear only in periods and then are either eradicated or die out. One may practice medicine a long time and have only a reading acquaintance with small-pox. So with skin diseases, with many of which most physicians are not overly familiar. To the majority all roads lead to eczema. We suggest, however, that the practitioner be on the lookout for genuine itch or scabies, which has become increasingly prevalent since the Cuban or Hispano-American War. Some localities have been lightly touched, while in others it is epidemic. The disbanded soldiers undoubtedly disseminated it, for it is reputed perennial in Cuba. Once uncommon, it now constitutes 8 per cent of all skin diseases. Intense itching, the multifiform lesions, and peculiar distribution, on tender and thin skinned parts, between the fingers, on the flexor surface of wrists, the abdomen, penis or mammæ, seldom on the scalp, except in the very young, point to it. The distinctive feature, not easily seen if much scratching has been done, is the cuniculus or burrow, looking like a short, straight, or sinuous whitish line containing what resembles an interrupted blackish thread. This is slightly reddened at the end, from which, if carefully opened, may be dislodged a whitish speck—the *sarcoptes scabiei*—or itch mite. The microscope will confirm the diagnosis. Treatment is specific—thorough washing or baking of garments and bedding, baths, inunction with ointments containing sulphur, or beta-naphthol, or solution of disulphide of calcium. Dr. Lyman Watkins treats it successfully with echafolta cream.

## SELECTED ARTICLES.

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### PARESIS.<sup>1</sup>

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Paresis, known also as paralytic dementia, paretic dementia, and general paralysis of the insane, is comparatively a modern disease, or, rather, a disease of modern civilization, and was, prior to 1812, considered as simply a complication of insanity, rather than a distinct entity, as at present.

Many forms of insanity, such as mania, melancholia, etc., are largely functional and respond to treatment, about 70 per cent of the acute cases being curable, while paresis is distinctly organic and is incurable.

Paresis, unlike other insanities, does not have heredity as a distinctive causative factor. It is not sudden in its onset, but creeps upon its victim so insidiously that it may pass unnoticed for months and sometimes years, yet its progress to dementia and death from exhaustion is as positive as it is insidious. It may be said to be selective, as well as self-inflicted. By this we mean that all classes, all ages and all grades of society are not equally liable to this type of insanity. The young, say under the age of twenty, are largely immune, due, we presume, to a life less strenuous and free from the many excesses and vicious habits of later life. It is selective, in that it is the scale or blight that more frequently fastens itself upon men of intellectual attainments, men of ability in professional life, and less frequently upon the mediocre and uncultured.

It may be stated without exaggeration that a large percentage of the inmates of our insane institutions, our idiotic and imbecile asylums, are in no way responsible for their unfortunate condition. The seeds of insanity, idiocy, and imbecility were planted, in embryo, in their cellular elements, and lay there dormant, awaiting the proper inciting cause for future development. Upon the very brow of these unfortunates is written, "Cursed before born." But of paresis we say, "Self-inflicted," because heredity is a minor fac-

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<sup>1</sup> Read before the Los Angeles County Eclectic Medical Society.

tor in its causation, and the real causes, viz., syphilis, alcoholism, excessive venery, worry, and mental overwork, are the self-chosen weapons for the individual's certain destruction. Syphilis, while not a direct cause, vitiates and weakens the constitution and thus prepares the soil for some of the real causes just mentioned. Insanity is no respecter of persons. Its victims are not protected or rendered immune by age, sex, color, nationality, social position, or station in life. From the palace and from the hovel its vast army marches hand in hand and mingles promiscuously in our private and public institutions. Not so with paresis. The negro and Hebrew races are apparently immune. It is seldom met with in children, and in women it is less frequent than in men. Ten to twelve times more men than women suffer with paresis.

As to the onset of paresis, as said before, it is very insidious, the prodromal period extending over months and sometimes years. During this period we may have many symptoms simulating neurasthenia, or what is popularly called nervous prostration. The patient may not be incapacitated for business, but has periods of depression of spirits, moody, cross, and irritable. He may complain of vertigo, wandering pains, insomnia, headache, and indigestion, and all the general ills of a neurasthenic. At this period the patient is introspective and apprehensive of his condition. As time passes, memory begins to fail and he unconsciously makes errors in his speech and writing, either by adding or omitting letters, syllables, or words. Gradually he becomes more careless in his business methods, failing or forgetting to meet business appointments or neglecting his business. He becomes extravagant in money matters and develops ideas of grandeur and talks of schemes and investments involving millions of dollars with as much calmness and assurance as a California oil or mine promoter. There is also a change in the moral character of the individual. He is less particular regarding his associates and may plunge headlong into what is known as a "fast life." There may early develop some defect of speech which is characteristic of all cases at some stage of the disease, known as the "paretic speech." This familiar speech is difficult to describe, yet when once heard it is not forgotten. It is of a hesitating, stammering or stuttering nature, somewhat like that of a drunken man. This, slight at first, gradually grows more pronounced as local paralysis and muscular weakness increase.

We also have what is known as "paretic writing." The writing

is trembling and the omission or repetition of words or syllables is characteristic of paresis and should always be looked for as an important symptom.

There is another symptom sometimes occurring early in the disease, tremor of the muscles about the face, the mouth, nose, forehead, and tongue, and later may extend to all parts of the body. This tremor is very noticeable just before a motor act, as in speaking, sneering, or frowning.

The eyes become important sources of diagnosis, as at some stage of the disease there is absence of the reflex to light, and either extreme miosis, the pupils being contracted to the size of a pinhead, or else there is unequal dilation of the pupils. As the muscular weakness increases, partial paralysis of groups of muscles occurs, giving rise to ptosis or drooping of the eyelids, or diplopia.

There is also paralysis of the palatal muscles, affecting the tongue and deglutition, rendering swallowing difficult and dangerous. There is another important symptom occurring sometimes early in the disease, but usually when at its height or in its last stage. This is convulsions. These are often mistaken for apoplexy or epilepsy of the Jacksonian form. Or there may be syncope, coma, or aphasia, without the convulsion. One fact worthy of notice is that the paralysis following such attacks is transient, passing away in a short time. As the disease advances the patient loses that self-consciousness of illness. He no longer broods over his condition, but insists that he is well and happy and that all is right with the world.

As the disease progresses the symptoms become more marked with the development of delusions and ideas of grandeur. Delirium may develop, in which the patient is restless, noisy, sleepless, and destructive. The delusions of the paretic are those of enormous wealth, great power, rank, or position. They possess millions, own all the railroads, are kings, queens, president, or even God. For a brief medical attendance one of my patients called for a pen and check book and with the deliberation of a Rockefeller wrote me a check on an imaginary bank for ten thousand dollars. Another made me a present of a palace in Denver built of diamonds. I once owned all the railroads in the United States, a gift from a grateful and self-satisfied patient.

In making a diagnosis of paresis, keep the following points well in mind:



1. Altered speech, in which the words are slurred, resembling one who is under the influence of alcohol; tongue thick.
2. Pupils unequally dilated or contracted to pin points.
3. Changed disposition and habits, moral to immoral, temperate to intemperate, honest to dishonest, truthful to untruthful, moody, irritable, neurasthenic.
4. Expansive delusions of great wealth, power, or influence. Egotistical and a sense of well-being, always feeling "first rate" or "never better."
5. Paretic writing; tremor, with omission or repetition of words or syllables.
6. Loss of memory for recent events, appointments and business engagements and general unreliability.
7. Epileptiform or apoplectiform convulsions, or syncope, coma, or aphasia.
8. Tremor of facial muscles, especially about the mouth or nose in attempting to speak.
9. A maniacal stage, in which the patient is noisy, restless, sleepless and very destructive.
10. A gradual and progressive mental and physical decay to absolute dementia and death.
11. Exaggerated tendon reflexes.
12. Loss of co-ordination for writing, drawing, etc., finally extending to all the muscles, resulting in inco-ordination and a shuffling gait.

The foregoing are the essential symptoms in making a diagnosis, not all of which will occur in any one patient until the disease is well advanced. The paretic speech, writing, and the oculo-pupillary disturbances are positive symptoms and are found in all typical cases of paresis. Any or all of these symptoms, found in an individual from thirty to forty-five years of age, with a neurotic history, or a history of syphilis, alcoholism, or in one who has lived a fast life, or in an overworked professional or business man, should lead one to suspect paralytic dementia—paresis.

The prognosis in these cases is always unfavorable, as few, if any of them ever recover. It is a disease of gradual progression to death, and this is why the physician should be able to differentiate this disease from other forms of insanity which are curable and which require different management and treatment. As a rule, paretics should be placed either in a private or public asylum. This

is done for the protection of the patient as well as the relatives and friends, who may be humiliated by the immoral and even criminal acts of these unfortunates, for, as before stated, there is a loss of ethical sensibility and the patient indulges freely in excesses of every kind, squanders his money, lies and steals with impunity, regardless of his previous good character.

As to treatment, the disease is considered by all alienists and authors as incurable and but little is attempted. If there is a syphilitic history, the iodides should be used. For the maniacal delirium that is usually present at some period, nothing equals hyoscin or duboisin hypodermatically. Should there be depression or melancholy with agitation, morphine should be added.

More is known of the pathology of paresis than any other type of insanity. Over the frontal lobes and along the fissure of Rolando there are marked changes. The dura mater is firmly adhered to the skull and the pia mater to the cortex of the brain, and the blood vessels all enlarged. This condition extends to other parts of the brain and to portions of the spinal cord, especially the pyramidal or motor tracts, causing the inco-ordination, and Gower's or pain tract, causing the anesthesia so often present.

These adhesions point clearly to a marked hyperemia of the cortex and its membranes. The rational treatment is to relieve this congested condition, for which nothing equals the hypodermic and use of aseptic ergot and galvanism. If it does not cure it will do much to retard the disease.—*The Los Angeles Journal of Eclectic Medicine*.

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## HERBS AS MEDICINES.<sup>1</sup>

CHARLES L. OLSEN, M. D., MURRAY, UTAH.

Nature clearly demonstrates that every animate being is governed by certain irrevocable laws, and is subject to conditions both favorable and unfavorable.

What would appear to be an unfavorable condition to the being would, perhaps, in reality be the reverse in the economy of na-

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<sup>1</sup> This paper is a thesis written some years ago on the graduation of Dr. Olsen. It was preserved by me for reference, being a translation and condensation from an old volume of Dr. Paulli, 1648. It is now published as a useful record and reference.—J. U. L.

ture—the very condition necessary to bring about the desired end, the very factor needed to subserve the purposes of the Creator or to maintain the law governing such being.

Through disobedience to, or neglect of, the laws of nature, man brings upon himself disease and entails upon his progeny a train of ills.

While, from various causes, sickness is more prevalent among man than among the rest of the animal creation, yet, ailment is by no means confined to the former. But who has failed to observe how forcibly the law of self-preservation asserts itself in the innate perception displayed by the suffering creature?

Even the lower animals, being subject to illness and coming under the universal law of decay, are, seemingly, endowed with instincts which prompt them to seek relief when ailing; for this purpose they may utilize the sun, air, and water; they may apply mud, clay, dust, saliva, etc.; seek rest, take plunge baths, select the shade or prefer the light; pay attention to their diet or eat different varieties of grass and herbs, all according to the nature of their ailments, their environments, or the circumstances under which they are placed.

Sickness, suffering, and death being the heritage of man, it seems but natural that he should cast about for finding such agents as would tend to prevent, alleviate, or cure disease.

In view of the general inclination of primeval man, when in a dilemma, to resort to means which, in a way as direct as possible, may meet his present requirements and satisfy the immediate demands of nature, one may safely conclude that herbs are among the first in the line of natural remedies for man—that an all-wise and beneficent Creator intended them to be “for the healing of the nations;” for, with an apparent intuition, even uncivilized people seek and find in nature’s great laboratory—in the forest, the valley, the marsh, on the mountain or plain—remedies with which to cure their ills. Traditions concerning the curative powers or other properties of certain herbs are handed down from father to son, or from one person to another, generation after generation.

As civilization advances, primitive views, crude methods and abstract ideas yield to scientific research and accuracy, demonstrated facts and intelligent application. It is interesting to note what indefatigable research, experience, properly conducted experiments and keen observation can do in developing the natural resources—

means placed at the disposal of intelligent beings for the betterment of the condition of mankind.

In regard to the remedial properties of herbs alone (to which we purpose to allude in the present article), comparing what was formerly known with what, in the light of modern medicine, is now known concerning same, one is forced to the conclusion, that future scientific investigations will bring to light many hidden or unknown virtues not recognized at present. For the purpose of such research we have the Lloyd Library, in which is to be found the books herein commented on.

In an old, illustrated botanical work, the "Flora Danica," published in Copenhagen, A. D. 1648, the author, Dr. Simone Paulli, describes a great variety of plants, giving their names and synonyms in several languages, their general appearance, where they grow, what season of the year they appear in, when they blossom, and what their uses.

The work, which, pursuant to a royal decree, was published "for the benefit of common people," contains 1,436 pages; the illustrations (wood cuts) are highly creditable to the artist; it is replete with quotations from, or references to, such authorities as Agerarius, Agrippa, Apulejus, Baubinus, Bock, Camerarius, Dioscorides, Dodonæus, Galen, Hippocrates, King James I., Matthioli, Monardus, Scribonius, Sebicius, Seneca, Solenander, Villonovanus, etc.; is interspersed with copious annotations, and contains three distinct indexes—in the Latin, German, and Danish languages. From the care and conscientiousness manifested in treating the subjects in hand, it is evident that the author aimed at accuracy, and that he keenly appreciated the responsibilities consequent to the task which he had undertaken.

In this article we shall take up a few well-known herbs dealt with in the above mentioned work, and note what botanists, chemists, physicians and other learned men, some two and three centuries ago, considered to be the medicinal properties or other uses of such herbs. Any one having learned what is known, at present, concerning the remedial qualities of the plants referred to can make such comparisons as he sees fit.

**ACONITE.**—Aconite of all kinds—Baubinus described about a dozen varieties—was considered to "do far more harm than good; therefore, those who grow these herbs in their gardens should be very careful not to use them internally or externally as a medicine

or healing remedy, but be satisfied with the pleasure derived from their beauty and early blossoms."

Referring to the poisonous properties of *Aconitum napellus*—the plant from which specific aconite is prepared—the author condemns in strong terms the use of this plant. Dodonæus is quoted as saying: "So great is the strength of the poison (aconite) that if the end or point of an arrow be dipped in it, those who might be wounded by such arrow must die." And Matthioli taught that the root of *Aconitum napellus*, if held in the hand till it became warm, was so poisonous that it would kill the person. He also relates that herd-boys have been known to die from eating birds that have been roasted on the stem of this plant used as a spit.

To be sure, aconite is poisonous; so much so that we are taught that no antidote will counteract an overdose of specific medicine aconite. Yet this drug is now referred to as being the backbone of the Homeopathic practice. And Professor Locke says concerning it: "Aconite, in my opinion, is the great antiphlogistic of the *materia medica*." (Lecture, *Materia Medica*, March 1, 1897.)

Notwithstanding the adverse opinion of the older physicians regarding aconite as a medicine or healing remedy, internally or externally, it was used as an anti-rheumatic, a diuretic, diaphoretic and narcotic in 1762. At present it is not considered to be a narcotic in its full sense.

**AGRIMONIA EUPATORIA.**—*Agrimonia eupatoria* (*Eupatorium Dioscoridis*) and *Eupatorium Mesves*—considered by most of the older botanists to be identical with *Ageratum foliis serratis*—were both used in obstruction of the liver, or any other disorder of this viscus. "But," says Paulli, "it is profitable to know, concerning these two varieties of *Eupatorium*, that practicing physicians use more of the former than of the latter."

**BRYONIA.**—Contrary to the views entertained concerning the medicinal or therapeutic uses of aconite, bryonia was held in great esteem by the older herbalists. It was held to be an excellent remedy in dropsy, disorders of the liver, the spleen—all diseases affecting biliation.

Apulejus says of *Bryonia alba*, that it is a valuable antidote; and he even goes so far as to declare that "any person that will apply this plant to his head, or who will simply carry it with him, can not in any way be injured or overtaken by any illness."

Villonovanus, who called this plant *Celeste Sigilum* (celestial

seal, or heavenly sign), extolled it as a remedy for gout and podalgia; for the latter affection, this authority recommends that bryonia be used as one of the ingredients in cataplasm.

**COLCHICUM AUTUMNALE.**—*Colchicum autumnale*, Paulli tells us, was only found in pleasure gardens, and it was not deemed of enough medicinal or therapeutic value to be kept in stock with useful drugs in the apothecary shops; and this author lays great stress upon the fact that *Colchicum autumnale* should not be confounded with *Hermodactylus* (which Baubinus called *Colchicum radice ficata alba*); the latter variety was considered a violent cathartic.

**CHELIDONIUM.**—*Chelidonium major* and *minor* were described by Dioscorides, Galen, Paulli, and others. The former variety was said to be useful in cases of obstinate scurf and itch, jaundice and ringworms.

*Chelidonium minor*, made into cataplasma, was found to be a very good topical remedy in hemorrhoids; and in scorbutus an infusion of this drug was employed, or it was used in the form of an electuary.

**DIGITALIS.**—Concerning *Digitalis purpurea*, Paulli says: "In Denmark, as well as in many other European countries, this herb is raised in gardens for no other reason than because of its beautiful blossoms; otherwise it is only despised." But Lobelius writes that the peasants in England used a decoction of this herb for chills, in order to "retch and purge themselves." In India, surgeons and barbers used it very extensively. Here *digitalis* was called *aralda*. It was lauded so highly as a healing agent in cuts and wounds of all kinds that the Italians had a proverb concerning it, running like this: "*Aralda tutte piage falda*" (*Digitalis* heals all wounds).

**DULCAMARA.**—Prepared as a decoction in white wine, *Dulcamara* was recommended to be used in jaundice. It was also regarded as being useful in mammitis or caked breasts, when applied as a poultice.

Italian ladies employed the juice of the berries of *Dulcamara* to remove sunburn and freckles.

**EUPHRASIA.**—*Euphrasia*, from the meaning of the word (cheerfulness), and owing to its usefulness in overcoming dimness or obscurity of vision, is called both in the Danish and German languages "eye comfort," and in English its synonym is "eyebright." Still, it was held that even in diseases of the eye, *Euphrasia officinalis* could do a great deal of harm if used excessively, especially as a

tincture. Thus, Lobelius cites a case in support of this view, where "one in Switzerland came very near losing both eyes, simply from having bathed them locally for a period of three months with a tincture of this herb." Lobelius, therefore, advised that it be used in the form of a powder.

**GENTIANA LUTEA.**—This plant was greatly valued as possessing all the properties of a general stomachic. Hieronymus Bock enthusiastically describes its virtues as such a medicine in the following words: "People in general know of no better medicine for the stomach than Gentian, for if they are seized by any kind of ailment or attack of the stomach or bowels, they can be cured by the use of Gentian, Calamus and Ginger. And this common remedy is often of better service to them than if they had swallowed the entire drug store, with its sophistical and Arabic pills. But should anything hinder God, who is the Creator of all things, and himself the Great Physician, from bringing forth in any country an abundance of all that is necessary in such country? Is not the properties of Gentian known both to man and beast?"

Gentian was recommended as a prophylactic in epidemics. It was considered a good remedy for the corpulent, but contra-indicated in emaciated and ill nourished individuals. It was held to be specially beneficial in hyrophobia and in diseases of the liver and spleen, as also in intermittent fevers of the quotidian and quartan type; in boils and fistulæ it was used locally. The root of Gentian was the only part of the plant used in medicine.

**HEPATICA.**—As may be judged from its name, Hepatica was supposed to be of benefit in diseases of the liver, especially. Paulli added: "It (Hepatica) also possesses a peculiar nature of healing, so that it is very useful in enterocele; it may also be used as a mouth-wash, when there is a sensation of heat in the fauces and pharynx."

**HYOSCYAMUS.**—Hyoscyamus niger,—variously called, in different languages, henbane, devil's eye, sleep weed, etc.,—which we know to possess many valuable properties, was feared to such an extent formerly that Paulli says: "The laity, without fear, ought to spit (a sign of contempt) on hearing even its name mentioned, say nothing of what they should do when they see it growing in great abundance where their children run and play."

Cautioning everybody to be careful in the use of medicines, and referring to the eagerness displayed by some in employing

every new fad in their practice, without further investigation, no matter how deleterious its effects may be upon the innocent victims, this author (Paulli) becomes greatly agitated and poignantly quotes Scribonius: "Quod medicine est scientia sanandi non nocendi." (Medicine is a science of healing, not of harming; or, the art of healing is a knowledge of how to cure, not how to do harm.)

Paulli carefully points to the subtle properties of this plant, and repeatedly urges "common people" to be very circumspect in handling it.

Hyoscyamus was known to possess such narcotic and hypnotic properties that Paulli says of it: "Soldier prostitutes, who follow the troops, in order that they slyly may steal chickens from the poor, unsuspecting farmer, prevent the chickens from crowing or otherwise making a noise, by putting some of the seeds of Hyoscyamus in a pot containing live coals and placing the vessel under the roosts in the chicken-coop, when the fumes from the seeds will cause the fowls to drop insensibly to the ground, remaining in a stupor until carried away and disposed of."

IRIS.—Iris (Blue Flag) was used as a hydragogue; a syrup of Iris mixed with bean-meal, it was claimed, would remove freckles, ephelides, etc. Iris was also employed in dropsy, bronchial affections, and infantile colic; also in wounds, and diseases of the nose, with foul odor. The root of Iris was one of the main ingredients employed in embalming dead bodies.

MATRICARIA.—Matricaria was well known to the older botanists. They called it Parthenium, because of its curative properties in diseases of women.

"There are some," says Paulli, "that can not bear the odor of Matricaria, therefore such persons should not be advised to use it; but those who can stand the odor it gives off will only have to lay the green plant on top of the head to ease and cure headache. This same herb bruised and some salt mixed with it may be applied to the soles of the feet in insomnia."

This writer recommends its use especially in amenorrhœa. It was also used to promote the lochial flow in parturient women.

Agerius praised this plant highly as a remedy in odontalgia, and an oil of Matricaria, prepared by infusion of its leaves, with which to anoint the abdomen, was considered an excellent vermifuge.

MELILOTUS.—Of all the varieties of this herb, Melilotus Officinarum Germaniæ was held to be the only one fit to be kept in stock



in the apotheca. It was mainly employed in diseases of the eyes, the throat, the uterus, and the kidneys.

**PULSATILLA.**—Pulsatilla, which now is classed among sedatives, found to possess remarkable virtues, and known to be an excellent remedy in a wide range of diseases, must, according to Paulli, formerly have been known and used to a very limited extent. It was thought that Pulsatilla might have been valuable in that it could be used in lieu of tobacco as a snuff, "causing one to snort and sneeze;" it was also regarded as of some service in removing warts, and had been used in intermittent fever of the tertian type.

In Italy the root was considered an antidote "against every kind of poison."

**SAMBUCUS.**—Sambucus was classed as a diaphoretic. From the middle bark of the elder a salve was prepared, which was used for burns, in podalgia, etc.

Solenander gives the following prescription: "Take of fresh Sambucus flowers (if at the time of year when the tree is blooming), but if fresh flowers can not be had, take a handful of dried Sambucus flowers, and about a quart of milk from a red cow; boil together over a rather hot fire, about as long as it generally takes to cook fish; then strain through a cloth or colander; when strained, drink some of this decoction, lukewarm, in the morning, during the wane of the moon, two, three, or four times, as one may see fit, and continue taking this through an entire year. People who have tried this dare say that if those who suffer from hay fever will do likewise through the year, they will never have this disease again.

**URTICA.**—Urtica was recommended for hydrophobia, cancer, epistaxis, jaundice, cough, asthma, and constipation.

Paulli says that the stinging or burning sensation produced by carelessly handling Urtica (Stinging Nettle) can quickly be overcome by bathing the affected parts in olive oil or fresh butter.

"The laity know full well that if any of the limbs of the body become numb or shrink away, the remedy is to beat or whip such limbs with fresh Stinging Nettle, as with a withe."

Castor Durantes makes the following observation concerning this plant: "If Stinging Nettles remain green and fresh, after being steeped for twenty-four hours in the urine from a sick person, it is an infallible sign that the patient will recover; but if the nettle so treated wilts, it is certain that the patient will die, or at least that the danger from the disease is very great."

**VERATRUM.**—Early writers on medicinal plants described several species of Veratrum or Hellebore. Paulli mentions three, namely, the flore roseo, flore viride, and flore sub-viride varieties. Of these, the first named, or “Hellebore bearing rose-like blossoms,” was said to be useful in the treatment of scabies and itch; in decoction it was employed as an emmenagogue. This kind of Veratrum was considered to be “genuine,” while the green variety was denominated “spurious;” and concerning the white Hellebore the above named authority remarks: “We will say nothing else about this plant than to advise every one to beware well of it.”

**VERBASCUM.**—Verbascum was a remedy for hernia, hemorrhoids, and glandular affections, toothache, chronic cough, convulsions, internal injuries, gout, warts, intermittent fever of the quartan type; and it would even smooth “the wrinkles in the foreheads of old maids.” An oil of Verbascum, prepared from the leaves, and Olive Oil was a component of clysters.

**XANTHIUM.**—“This herb,” says Paulli, “is not put to any use in the art of healing or medicine; but girls, showy damsels and betrothed maidens gather the burrs and small leaves of the herb, from which they prepare a wash for their heads, if so be they desire to get yellow hair. But Verbascum is much better for this purpose.”

It will be noticed that we have so far confined ourselves to such herbs as are represented in the “Specific Medicines.” Besides the foregoing, we find in the aforesaid “Flora Danica” description together with the therapeutic properties of a great many varieties of herbs embodied in the Eclectic Materia Medica, such as Cochlearia, Eryngium, Galium, Juglans, Plantago, Rubus, Rumex (Lapathum), Salix, Serpentaria (Bistorta), Trifolium, Valerian, etc. The last named plant—of which six varieties are described—was regarded as the scorbutic *par excellence*. It was also used in diseases of the liver and spleen.

In closing, it might be interesting to note some of the observations made concerning tobacco—to which subject the above named author devotes twenty pages: “If tobacco leaves be applied locally in headache, or hemicrania, caused by cold, the pain is soon relieved; but the applications must be repeated until the malady has entirely been overcome. The same remedy may also be used in torticollis, or, in fact, in spasmodic muscular contractions in any part of the body.

“Tobacco gives relief in odontalgia, from exposure to cold; if

the tooth be hollow, a plug made of the leaf may be used. Tobacco juice will prevent further decay.

"It is also of much service in thoracic diseases, such as in chronic cough, dyspnoea, etc., employed either in the form of an infusion or a specially prepared pectoral.

"Tobacco leaves roasted in hot ashes and applied locally will relieve flatulency, pain in the region of the kidneys, and gout. In frost bite, great relief will follow if the hand, feet, or other parts affected be rubbed with tobacco leaves and afterwards washed in warm salt water.

"If laid on fresh cuts or wounds, tobacco leaves will stop the hemorrhage; applied to old injuries and fungus growths, they will cleanse them. But if tobacco be used in such cases as these, a well-regulated diet must be observed.

"Scurf and ringworms may also with advantage be treated with tobacco, rubbing the affected parts with the juice obtained from the leaves.

Simone Paulli, in quoting the sayings of scientists, anatomists, physicians and other eminent men—such as Arnisæus, Agrippa, Florentius, Heurnius, King James I., Seneca, Spigelia, and others—concerning the evil effects of the injudicious use of tobacco, decants on the subject in the following strain: "In Europe this herb has many evil effects; it causes disagreement, wrangling, and many a squabble, both day and night, so that it might with all propriety be called evil-herb or quarrel-weed. Tobacco is injurious both to soul and body; it robs parents of the affection they should cherish for their offspring; and in children it lessens the love, respect, and honor which is due their parents from them. Tobacco aids in the commission of crime; yes, whoredom and profligacy, theft and deception, and even murder, are furthered by its use; also, it often occasions great fires and otherwise augments poverty, promotes misery and produces sickness. Notwithstanding all this, shipload after shipload of tobacco is yearly brought to Europe, so that, concerning tobacco, we could truly exclaim, with Agrippa: '*Nos Mortem magna emere pecunia.*'"

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A swelling in the parotid region is not necessarily a part of the parotid gland. It may be an infection of the pre-auricular lymphatic gland. Such an enlargement may be associated with herpes of the forehead, or, sometimes, it may be part of a chain of tuberculous lymph glands.—*American Journal of Surgery.*

PHYSICIAN'S LIABILITY.<sup>1</sup>

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Many a busy practitioner goes about his daily duties, giving little heed to the legal aspect of his relations with his patients. The physician's position has been thoughtfully considered, as well as that of the patient, and their duties and liabilities carefully defined.

No physician is compelled to answer every call made upon him; but when he does respond to a patient's call, the law at once sets up a contract between them in which the physician makes the following warranties:

That he possess a reasonable degree of knowledge and skill.

That he will exercise ordinary care and diligence.

Will use his best judgment in matters of doubtful treatment.

Follow the established modes of practice.

Protect his patient from contagious and infectious diseases.

To hold inviolate information obtained by him from his patient while treating him in his professional capacity.

To give proper instructions while in attendance.

To continue in attendance.

The patient on his part warrants:

To pay a reasonable fee for the services rendered.

To follow the reasonable instructions given him.

The physician's civil liability is based upon this contract. His criminal liability, generally speaking, is found in the statute books.

However, before discussing the relation of patient and physician it may be well to look into the relation of the physician as regards the State. In the first place, no one as a matter of right may engage in the practice of medicine. The several States under the Federal Constitution, have reserved to themselves certain rights, under what is generally termed "the police power of the States." Under and by virtue of this right the State may declare what the qualifications of practitioners of medicine, within its borders, shall be. The legislatures of the several States have conferred upon the various State Boards of Health, authority to look after general sanitary interests of the State, pass upon the qualifications of appli-

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<sup>1</sup> Read before City Eclectic Medical Society of St. Louis.

cants and revoke the licenses of practitioners who are guilty of dishonorable or unprofessional conduct.

These boards act in a dual capacity. Some of their duties are merely ministerial, others quasi-judicial in their nature. The Board in passing upon the qualifications of candidates and in revoking licenses already granted, acts in its latter capacity. Unless there appears an unwarranted abuse of power, the courts will not interfere to disturb their findings. The State Board has no authority to establish a code of ethics and revoke licenses for any alleged breach of such code. For instance it can not declare that no practitioner of medicine shall advertise in the public prints, and then revoke the license of any one who does so, however shocking such a course on the part of a physician may be to his fellow members in the medical society of which he is a member. The law takes no cognizance of a breach of ethical duties, but leaves their enforcement of its rules to the society which created them. Consequently, if a physician is admitted to membership in such a society and is subsequently expelled for some alleged breach of its laws, the courts will not reinstate him, nor will they prevent the expulsion of a member not yet declared guilty.

But it is the physician's legal liability to his patients which we wish to briefly discuss on this paper. As above stated, the physician's civil liability is founded upon his implied contract. The first and most important of these; the courts have held that a physician must possess a "reasonable" or "ordinary" degree of knowledge and skill. It would be manifestly unjust to require the highest degree of knowledge and skill, and public welfare, on the other hand, demands adequate protection from the onslaughts of the "quack," ignorant of the first rudiment of medicine, the blatant and pretentious charlatan and those of doubtful attainment.

What is a "reasonable" or "ordinary" degree of knowledge and skill must be decided upon the facts and circumstances of each particular case. In cases of dispute where evidence is in conflict it is a question for the jury, under proper instructions from the court as to law. It is well settled, however, that in considering whether or not a proper degree of knowledge and skill have been displayed in the treatment of a case, regard must be had for the advanced state of medical knowledge at the time. A physician must keep abreast of his profession and at the same time the law declares that he shall not experiment upon his patients or depart from the established

practice, or that mode of practice which is upheld by the consensus of opinion among members of his own school of medicine. A physician who does not heed this warranty must satisfy a court that his new departure is based upon sound principles of medicine and "give reason for the faith that is in him."

Another consideration is the locality in which the physician is practicing. The law only holds a physician to the degree of knowledge and skill ordinarily possessed by practitioners of the same school, at the same time in *similar* localities. Thus it holds a city practitioner, generally, to a higher degree of knowledge and skill than one in the rural districts or small towns, and justly. It is simply an application of the Scriptural declaration "to whom much is given, much shall be required." The city practitioner unquestionably is in a better position to follow the progress of his profession more closely and to keep in touch with its ablest representatives, both in the field of theory and of practice, than is his professional brother in the small towns; for the man in the city is enabled to attend clinics and hospitals, be present at lectures and consultations, thereby becoming familiar with new and complex questions and witnessing and even taking part in rare and difficult operations, which his brother in the country is only able to follow through the columns of medical journals and at such times as he may seive from an arduous and much extended rural practice.

The courts in making this distinction have endeavored to act in justice and no unfavorable reflection is intended to be cast upon the "country doctor." He needs no eulogist. We all have known him and most of us are in his debt. We have known him as a man heroic in stature and kind of heart; a man of unselfishness, of charity and self-denial. His rewards are meager and his burdens many. Appreciation comes too often, only when some Ian MacLaren with appropriate touch, depicts him in immortal words or when he has passed to his true and long merited reward which is held in store for his good deeds, which are legion.

The second warranty and the one next in importance to the last is the warranty for ordinary care and diligence. It is impossible here, as in the last topic, to fix a test and to define just what "ordinary care and diligence" is. Justice Story in alluding to this impossibility says: "Different things may require very different care. The care required to build a common door-way is quite different from that required to raise a marble pillar, but both come

under the description of "ordinary care," and so in the treatment of cases, that which in one case might be considered ordinary care, in another might be declared negligence. As has been justly observed it is unfair to compare the physician to the artisan. The latter labors with tools with which he is entirely familiar, on materials which are unchangeable and which he thoroughly knows, being governed by exact laws, and applying his knowledge of them from time to time to similar conditions, while the physician labors on the human body and undertakes to contend with its ailments which centuries of research and labor have been unable to thoroughly explain.

Although it has repeatedly been urged upon courts, the doctrine that the care on the part of the physician should be proportionate to the severity of the particular case, has been just as often wisely repudiated.

The fact that a physician refuses the proffered assistance of another physician, does not increase his liability. Such refusal amounts only to a declaration that the physician possesses the skill which the law requires of him. But the fact that a physician treated a patient gratuitously or received no fee for his services is not a defense to a suit for damages for malpractice. The physician owes precisely the same degree of care and should display the same degree of knowledge and skill toward a "charity" patient as he should toward one from whom he receives his largest fee.

The most prolific source of civil litigation seems to be bone surgery cases, and on the criminal side, abortion. Abortion is only justifiable in the eyes of the law when it is necessary to save the life of the mother. Before performing a justifiable abortion, the consent of the mother, her parents or guardian should be obtained and the diagnosis confirmed by calling a physician of good repute for consultation, or even two if possible. I simply mention this, as many reputable physicians have almost become entangled in the meshes of the web of circumstantial evidence which designing "blackmailers" know well how to weave.

The question whether or not a physician can be held criminally liable for gross negligence in treatment of a patient has been decided both ways. The English rule is that if a physician meddles with things beyond his knowledge, he acts wickedly and with malice and is criminally liable. The early American rule was to the contrary, but the American courts now seem to be following the English rule, which seems to be the better one.

A physician can not discontinue his attendance, when once the contract has been set up between him and his patient, at his own pleasure. He is bound to continue in attendance until the relation is severed by curing the patient, or until the physician discharges the patient, deeming his service no longer necessary, or until he is discharged and relieved by the patient. If the physician for some reason wishes to sever relation, he may do so if he gives proper notice of his intentions to the patient and escape liability, but not otherwise.

The patient on his part agrees to follow directions and pay a reasonable fee. If he does not follow the reasonable directions of his physician, he can not be heard to complain on account of malpractice, as he is guilty of contributory negligence which defeats his action for the recovery of damages.

At common law, a physician could not recover for his services, by an action at law. To-day, however, the law goes so far as to say that the physician may recover his fees from one whom he treated not at the request of the patient, but while that patient was wholly unconscious and when the physician has been summoned by a bystander.

Before closing it may be well to consider the question of whether a physician should always obtain the consent of his patient before operating on him. The English rule seems to be that the patient by summoning a physician and placing himself under his care trusts to that physician's judgment and if in the latter's best judgment an operation is necessary, no further consent need be had. In other words the law presumes consent to have been given. The American rule is to the contrary and until the point is settled the only safe method is to obtain consent.

This paper was not intended to be a thorough discussion of the relation of physician and patient. That would have been impossible; but I have endeavored to bring out, briefly, it is true, the principal points. If a physician keeps in mind his contract and applies it to his particular cases, he will take care pretty thoroughly of his civil liability. By becoming familiar with the State laws and the municipal ordinances of the town in which he practices, and by dealing with the utmost care with people of apparently doubtful integrity, he will as thoroughly take care of his criminal liability.—*The American Medical Journal*.



THE PULSE A SIGN OF DISEASE.<sup>1</sup>

W. J. KRAUSI, M. D.

At each contraction of the heart, the throwing of the contents of the left ventricle into the aorta, which causes a sudden change in the character and fullness of the systemic arteries, manifested by an elongation and dilation of the arteries produces what is known or designated as the pulse.

The radial artery, at the wrist, is usually the point selected by the doctor to estimate the character, height, rapidity, and variation of the pulse. This is not so much because the radial artery is more discriminating as a differential diagnostic factor, but, apparently, as a matter of convenience.

It is very important and of considerable diagnostic value to carefully observe, at the inspection of a case under consideration, if pulsation is observable in any part of the organism particularly in the neck and epigastric region. For ordinary purposes slight compression of the radial artery enables one to detect any change or changes in the rhythm, quality, and character of the pulse. In this manner a quick and ready idea may be formed of any variation in hardness, distention and regularity of the pulse.

The movement of the artery perceived by the finger appears to be a simple physiological factor in the vital phenomena, but in reality to the educated fingers, the variations in the rhythm, tension, and compressibility manifested are of inestimable diagnostic and prognostic value. In many instances, particularly in the treatment of subacute febrile cases or the many forms of chronic diseases where organic changes are taking place in an imperceptible, surreptitious and secretive manner, the pulse predicates and indicates the first sign of danger.

I have no desire to belittle the sphygmograph, that instrument is invaluable in many respects, particularly in determining the kind, character, and variation in the pulse waves and the oscillations of the blood column, but I do assert, without fear of contradiction, that the educated finger has far greater value in many instances as a ready and immediate means of diagnosis and prognosis; and that one can almost to a certainty, with more or less assurance, diagnose organic changes, particularly changes in the vascular tissues as a whole or in part. The nearer such organic changes to the heart the more apparent and recognizable they become by the pulse.

<sup>1</sup> Read at the Annual Meeting of the Kings County (N. Y.) Eclectic Medical Society.

The pulse primarily is caused by the heart's action, but is nevertheless greatly modified by the properties in disease of the blood vessels. On the heart depend the rate, the rhythm, and to a very large extent, the force of the pulse. On the vessel depends the mode and character of the blood flow and its passage. By virtue of their construction, their elasticity, the larger arteries convert the jerky, intermittent impulse of the heart beats into a flow of regular waves, and any considerable variation in the blood vessels will govern and change very largely the fullness, rhythm or tension of the arterial system. And so the educated finger can readily detect changes in the vascular structures, inflammatory, metamorphic, degenerative or senile.

As to the variation and frequency of the pulse in infancy, youth and old age, pyrexial attacks, etc. They, the pulse variations, are important only so far as they are indicative of vascular changes in the structure of an organ or organs or the nervous system, particularly the medulla. Tachycardia and bradycardia are more often neurotic, either central or peripheral, or due to the intrinsic ganglions of the heart because of some structural change in that organ. Neuritic manifestations are, in most instances, primarily due to intrinsic vascular changes. An intermittent pulse without any organic or structural changes of the heart with a rapidly manifested anemia has often aided me in diagnosing a deep seated malignant disease. Though intermittent heart action is present in a large percentage of elderly people who otherwise appear to be healthy, irregularity becomes important and is indicative of pathological changes when the rhythm becomes disordered and an inequality is present in the force of the pulse. Rhythm and force are frequently and in most instances associated or they may succeed each other at intervals, though one or the other may exist alone.

The pulse may be entirely suppressed, as it were, in all the arteries caused by heart disease or weakness. I wish to point out, so to speak, the erroneous idea or conception found in many books that the force of the pulse, or the amplitude of the pulse trace, is indicative of the heart's strength or power. As a matter of fact a moderately strong ventricle will produce an easy blood-flow through the capillaries, there being no obstruction, giving a forceful ample pulse but easily compressed; while the same ventricle with even more force, where there is lessened capillary permeability, will produce a pulse with less force, less ample, but less easily compressed. In the first instance we have a free capillary circulation, no congestion or

centralizing of the blood ; in the latter condition we have a centralizing of the blood or congestion, or semi-congestion of some organs. In inanition or intrinsic malassimilation the capillary circulation is easy, the heart action rapid, but the ventricular contraction sudden and shorter, the pulse weak and soft, while on the other hand when some circulatory poison or obstruction is present, contracting the peripheral capillary, the heart action becomes less frequent, the ventricular contraction longer and less sudden, the pulse develops hardness and incompressibility. The pulse's tension or weakness is caused by and of an obstructed or free capillary circulation, in other words, the hard and the soft pulse.

The flickering pulse is indicative of unequal ventricular contraction, feeble heart action and want of heart tone and nourishment. When the capillaries are contracted the pulse becomes hard and wiry.

Many diseases have their almost ever present peculiar pulse, with but slight modification, but such modification in the pulse is indicative of variations in the character and amount of the irritation or pathological changes taking place, or the poison or poisons present.

Some writers give one hundred or more varieties of pulses, some being in existent *de facto*, others simply names, the product of the imagination. The hard pulse in peritonitis, enteritis, and pericarditis is, with but few exceptions, indicative (before fluid effusion) of the extent of tissue involved and the amount and character of the poisons present. The hard, slow, large, and gradual pulse of contracted kidneys, the hard, large pulse of cardiac hypertrophy and degeneration of the blood vessels, are diagnostic of the pathological condition present even before a physical examination is made. Particularly is this true in the pulse of aortic insufficiency where the ventricle is still strong, giving the large, hard, jerky, and vibratory oscillations. The soft, small, "running" pulse of collapse in fevers vividly portrays the exhaustion of vitality and resistance.

In acute endocarditis the pulse is practically the only differential diagnostic point, as to whether the myocardium is involved or not. In acute endocarditis the pulse is sharp, quick and irregular ; if myocarditis is also present the pulse becomes feeble and compressible. In many stout patients, where heart sounds are difficult to determine, the radial pulse appearing, in point of time, a little after the apex-beat is diagnostic of aortic regurgitation. The ir-

regular, exceedingly feeble, compressible, and tremulous on excitement of the radial pulse, prominence and pulsation of the jugular, is always diagnostic of mitral regurgitation. The irregular pulse, with epigastric pulsation, the face blue and turgid, stupor, with symptoms of cerebral compression, are indicative of tricuspid regurgitation. The full and strong pulse, with carotid pulsation, easily flushed face and eyes brilliant, is always indicative of cardiac hypertrophy, either simple or eccentric, or, at times, in concentric. The weak intermittent pulse, with disturbed rhythm, countenance pale, languid and anxious, and upon the slightest excitement the pulse becomes very irregular and intermittent, is always a sure indication of the presence of cardiac dilatation.

The lighter forms of irregular pulse are frequently symptoms of transitory disturbances of the nervous system, or of reflex influences affecting the rhythm of the heart; the cause, evidently, arising in various organs or frequently due to nervous or mental shock, or general neurasthenia. Such influences are, as a rule, transitory and end in complete recovery. Nevertheless, in all cases of irregularity of the pulse it is absolutely requisite to make a careful examination to ascertain, if possible, the organ or organs involved. To my mind transitory irregularity of the pulse is in reality due to some pathological condition, either in interstitial nutrition, or exudation, diapedetic or endosmotic. Unless such cause or causes, are removed such pulse intermittence is apt to remain an occasional phenomenon throughout the greater part of life.

Irregularity occurring in valvular disease is a sign of insufficient compensation, and the degree and duration of the irregularity is a guide to the degree of insufficiency. Irregularity occurring in febrile diseases is an evidence of the exhausting influences of the infection or poison on the heart and nervous system.

There are many diseases, or pathological conditions, in which epigastric pulsations are diagnostic. The more prominent and the more area such epigastric pulsation manifests, the greater the obstruction. Epigastric pulsation may predicate aneurism of abdominal aorta; aneurism of the celiac axis; tumors lying upon or "crowding" the abdominal aorta; loose attachment to the vertebra or relaxed condition of the abdominal aorta; displacement of the heart toward the right side; changes in the vessels of the left lobe of the liver, permitting transmission of the heart's impulse; in some cases of tricuspid regurgitation, pulsation in the hepatic vein and inferior vena cava are manifested, etc.—*The Eclectic Review*.

INSTITUTIONS FOR THE TREATMENT OF THE  
INSANE.

BISHOP M'MILLEN, M. D., COLUMBUS, OHIO.

History tells us that mental diseases were recognized by medical men 1700 years B. C. Sacred history has many references relating to a diseased mind, showing that a knowledge of insanity was keeping pace with civilization and medical progress. The treatment was in the hands of priests, and was largely of a religious character, owing to the idea that insanity was due to evil spirits taking possession of the patient. The Greeks had a fair classification of the forms of mental diseases, and located the disease in the brain. Hippocrates recognized the acute and chronic forms, and opposed the priests by insisting that it was due to physical causes rather than to a curse from the Creator. The Romans made laws for the care and protection of the insane as well as the protection of the public from their uncontrollable acts.

The part of heredity as a cause in insanity is as old as the Christian era, and at that time a fair knowledge of the pathology of insanity had been obtained.

Prisons, chains, dungeons, whipping, and all the severe punishments meted out to criminals were inflicted on the insane. But little improvement was made in the case of the insane from the time of the early Greek and Roman schools of medicine for centuries. But with the evolution of modern civilization of Europe and the advancement of the sciences came new methods in medicine and more humane care of the insane. About the sixteenth century medico-legal knowledge was recognized and the acts of the insane were considered as in a different class from purely criminal acts, and punishment was made lighter, still the medical profession was divided, many holding to the old idea of possession of evil spirits; others that all insane were afflicted with disease due to a physical cause and that the insane should be treated with medicine and restraint for safety, with care and not punishment, while crime alone should be punished.

During the thirteenth century the Romans began to prepare places for the confinement of the insane separate from criminals. Custody rather than punishment became recognized. Italy, Spain, France, and Germany adopted the idea. England made progress, and in 1547 Bethlehem Asylum, London, was wholly devoted to the

care and treatment of the insane and institutions grew all over Europe. Bethlehem Asylum exists to-day as the pioneer.

In America the history of the early treatment of the insane is marred by the history of witchcraft and the abuse of the insane, the burning of many at the stake being a method imported from Europe. The State of Pennsylvania is credited with the first effort of public care of the insane, the asylum at Philadelphia, a department of the Pennsylvania Hospital, being built for them in 1753, while at Williamsburg, Va., the first State asylum devoted wholly to the insane was built in 1773.

For the past hundred years the isolation and care of the insane the world over has become the rule and at the present time hundreds of institutions are built at public expense and exclusively used for the betterment of the unfortunate insane. Dungeons gave way to lighted cells, chains to the strait-jacket and the crib at night. Early in the nineteenth century, Pinel, Fricke, Esquirol, Haner, and others rendered great service in bringing about reforms in the care and treatment of mental patients, while to Connolly, of England, more than to any other, the credit has been given for the laying aside of restraints and the abuses of the insane. He was the first to adopt modern methods. He unlocked the cell doors and made our ward plan possible. He also brought about many prison reforms, and made life pleasant to the insane and the criminal and our institutions respectable.

In this country the institutions were at first small,—often the county poor were sheltered with the insane in the county infirmaries but in recent years they have grown to immense institutions under State control, and all expenses paid by the State. Cells and restraints gave way to fine rooms with spacious halls, well furnished, which are used as common sitting or day rooms, each ward furnishing comforts for about thirty to sixty patients. But the most modern idea is the cottage plan: groups of cottages of from ten to fifty buildings, each with a capacity of from fifty to one hundred patients.

The dungeon gave way to the cell, the cell to the comfortably furnished bedroom and this to the extreme of a large dormitory with from thirty to one hundred beds in the room. But this extreme in the interest of economy is made at the sacrifice of isolation and privacy. Insomnia is one of the serious symptoms of mental diseases, and with thirty to one hundred persons sleeping in a room

several are sure to be wakeful and moving about and disturbing those who are poor sleepers, but if alone and undisturbed could secure almost normal rest. Dormitories are the pride of our architects and builders of institutions. Boards of trustees and superintendents of hospitals indorse them for economy's sake; but patients in almost every instance condemn the dormitory because of their public nature, when isolation and privacy are so much more conducive to recovery with such nervous patients. Time will undoubtedly correct this feature of the cottage plan for asylums. The smaller buildings grouped together after the modern cottage idea is surely better than the older plans of the compact building with its numerous wards stacked so closely together. The nicely lighted and ventilated cottage day rooms are a success, but the dormitory with many beds should be divided up into rooms for two, four, and six patients, thus allowing a classification of the patients in a ward at night, with greater privacy and chance for sleep.

The hospital idea for the treatment of surgical cases has grown until acute diseases of all kinds are now treated in hospitals and sanitariums with better results than at home. Isolation from home duties and the worry of business for nervous patients is a necessity that is now generally recognized. The excited condition of many insane patients made their removal from home a recognized fact centuries ago, and the present over-growth of many of our State institutions has caused these patients to lose their personal identity where several hundreds are cared for in our institutions. Acute cases need constant care and should have every possible advantage during the first few months of their sickness. The per cent of recoveries should be increased over the present showing. Smaller institutions or private sanitariums seem to offer the greatest hope to the cases of acute insanity. Special indications should be met in every case, and in order to do full justice the physician should not have too many cases to see each day, and the small institution is more properly a well-equipped home than an asylum. For these reasons the hospital or private sanitariums should give the best results in all acute cases: many will recover in a few weeks and return to their homes. Those who fail to get well must seek admission to the large institutions and find protection and care for the remainder of their life.

Our institutions are great monuments to civilization and common charities. All that the wealth of state and architectural design

(Continued on page 344.)

# CURRENT ECLECTIC MEDICAL LITERATURE.

## The American Medical Journal.<sup>1</sup>

Vol. XXXIV, No. 4. April, 1906.

1. The Joint Medical Council and Its Work, - - - C.
2. The Acid and Alkaline Theory, - - - - - JOHN ALBERT BURNETT.
3. Treatment of Pneumonia, - - - - - R. I. RIGLER.
4. Interstate Reciprocity and Medical Colleges, - M. M. HAMLIN.

1. This paper, signed C., details the account of an organization formed about a year ago by the Medical Society of the City Hospital Alumni by inviting the co-operation of other local medical organizations of all schools of practice. Delegates representing one for each hundred members have now formed "A Joint Medical Council," which has proposed an amendment to the city charter, the text of which is given in this article. The council

"Has been at work studying the systems of external control and internal management of city hospitals in other American cities, and has carefully compared them with the local system. The results of this comparison were surprising and disconcerting. It appeared that the St. Louis system had retained precisely those features which had elsewhere long since been relegated to oblivion, and had not adopted any new features in conformity with modern ideas of city hospital management."

Dr. P. C. Clayberg represents the Eclectic Medical Society of St. Louis.

2. Dr. Burnett's article consists of an attempt to link together several articles from various authors of all schools of practice, on acidity and alkalinity of the blood, predetermination of sex, cleft-palate, and hare-lip, etc., with the central idea that treatment looking to the correction of one or the other of the first named may be effective in the outcome of the others mentioned.

3. Dr. Rigler outlines his views on the treatment of pneumonia as follows:

"The first thing to be thought of in the treatment of the average cause of pneumonia is a saline to unlock the bowels and thoroughly

<sup>1</sup> The line—Vol. XXXIV, No. 2. January, 1906—on page 240 of May GLEANER should read: Vol. XXXIV, No. 2. February, 1906.



empty the alimentary canal. This is often to be preceded by a cholagogue; and where there is a foul condition of the excretions, the saline is to be followed by a bowel antiseptic, such as the triple sulphocarbolates. Hyperemia and the concomitant symptoms of pneumonia call for aconite. This drug relieves congestion, reduces heart action, decreases the quantity of blood flowing through arteries, and also relaxes spasm of the vaso-motors, thus allowing the free flow of blood through its various channels. This is the first stage of inflammation, of engorgement anywhere; and it should be used throughout hepatization in pneumonia to prevent engorgement in the unaffected parts, and the extension of inflammatory products beyond the consolidated areas. It appears that aconite is all that is needed, and oftentimes it is the only drug required to control inflammatory products. While aconite has the effect of indirectly loosening all secretions, we obtain a better action by adding to this drug specific asclepias. From the action of asclepias, we promote diaphoresis, increase respiratory secretions and favor expectoration, besides it is a powerful relaxant of arterial tension, and a satisfactory reliever of serous pain. Now, if we add to the afore-mentioned drugs, specific veratrum, we have completed a prescription that meets nearly all cases of the sthenic type. The veratrum slows the pulse and respiration, lowers blood pressure and eliminates from every channel of excretion. It is a general eliminator. For a case of lobar pneumonia, the following prescription meets the average of the sthenic type: *R* Spec. Aconite, gtt. viij; spec. asclepias, 3ij; spec. veratrum, gtt. xv; aqua, q. s., ʒiij. Mix. Sig. Teaspoonful every hour. Many cases from the first assume the asthenic type, and show a lowered vitality. These at once suggest a powerful vital tonic—arsenate of strychnine. Arsenate of strychnine slows the pulse, tends to increase its volume, increases exhalation of expiratory products, and raises the vital powers. Arsenate of strychnine 1-40 gr. should be given to an adult every two to four hours. The faster the pulse and the lower the vitality, the more vital tonic is required. It is surprising how much arsenate of strychnine these cases require and absolutely improve on it. In cases of asthenia, the veratrum should be dropped, but the other two ingredients continued. Sthenic cases, after a short time, often assume the form of asthenia, and then should the veratrum be omitted from the prescription and arsenate of strychnine alternated with the two remaining ingredients. Many cases of the asthenic type of pneumonia develop an unsteady or irregular heart; here digitalis should be employed and should anticipate the condition, if possible to foresee it.

4. Dr. Hamlin's paper is an address before the Association of American Medical Colleges at Pittsburg, Pa., March 19, 1906, in which he advocates the appointment of a

"Competent and judicious committee whose duty it shall be to formulate a law that shall be universal in all points of requirement and

with a reciprocal clause attached thereto, and that a copy of same be furnished the State associations of all the different schools of practice in all the States, with the request that they all work in harmony for and secure the enactment by the legislature of the same in each and every State. Then, and not till then, can we have interstate reciprocity."

Vol. XXXIV, No. 5. May, 1906.

1. Physicians' Liability, - - - - - HENRY J. GORIN.
2. Face Presentations, - - - - - T. B. WILLIAMSON.
3. Persistent Occiput Posterior Position, - - - - - O. H. MUNGER.
4. Treatment of Enlargement of the Spleen, - - - - - JOHN ALBERT BURNETT.

1. Professor Gorin's paper is of interest to every physician. It is reproduced in this issue of the GLEANER.

2. Dr. Williamson's paper is his graduation thesis delivered at American Medical College of St. Louis.

3. Dr. Munger's paper is also a graduation thesis delivered at the American Medical College of St. Louis. Both are good productions.

4. Dr. Burnett's paper is a collection of opinions concerning the virtues of several drugs in splenic enlargement. Among them are croton oil, organum oil, uvedalia ointment, and calomel externally, while for internal use he recommends grindelia squarrosa, chionanthus, euonymus, sanguinaria, phytolacca, iris, gentian, eucalyptus, quinine and sulphate of iron, apocynum, xanthoxylum, potassium iodide, mercury protiodide, stillingin, calcium iodide, arsenates of strychnine, iron and quinine, elixir of potassium bromide, and polymnia, singly or in various combinations.

### The Eclectic Medical Journal.

Vol. LXVI, No. 5. May, 1906.

1. Specialties in Practice, - - - - - JOHN ALBERT BURNETT.
2. Eclectic Opportunities, - - - - - WALTER S. BOGART.
3. Measles and Its Complications. - - - - - A. L. SCHWARTZWELDER.
4. Lloyd's Foreign Letter, - - - - - JOHN URI LLOYD.
5. Herbs as Medicines, - - - - - CHARLES L. OLSEN.
6. Menopause, - - - - - O. WOODWARD.
7. State Medical Board Directory, - - - - -

1. Dr. Burnett believes physicians should specialize though they should be more or less familiar with the whole range of medicine. He pays his respects to editors of journals who will not publish articles which do not suit them. He thinks there is need of a strong article on "Pathology vs. Symptomatology in Prescribing." He prefers to follow pathology. "The regular physicians specialize pathology to a great extent; the Eclectics specialize materia medica;

the homœopaths specialize symptomatology and *materia medica*; and the physiomedicalist knows a great deal about the action of non-toxic agents." He then takes up surgery, the "use of tides," the, eye, electrotherapeutics, orificial surgery, massage, osteopathy, chiropractice, suggestion, hygiene, physical culture, hydrotherapy, serum therapy, rectal injections, poultices, blisters, and external medication, all of which he characterizes as specialties, and in which he sees much good. Were he to select a specialty it would be that of "light and color" therapeutics, which he believes is to be an important specialty in the future.

2. Dr. Bogart's article is a plea for more students to adopt the Eclectic branch of the profession because the supply of Eclectic physicians falls far short of the demand for them. While legislation ostensibly to heighten the requirements has made it hard for students to qualify and shut the doors of many regular colleges, not one Eclectic school has closed on that account.

3. Dr. Schwartzwelder presents a model paper covering the natural history of measles. No mention of treatment, however, is included.

4. Prof. Lloyd writes entertainingly of the island of Fayal, one of the Azores, describing the people and the products. The letter is of interest to lovers of nature, by whom it should be read in full.

5. Dr. Olsen's paper is reproduced in this issue of the GLEANER.

6. Dr. Woodward asks "What is the menopause or 'change of life' that its serious effects should not have been considered pathologically?" He takes issue with authors who declare "that the menopause seriously affects some of the most healthy women." He would refer to the menopause as physiological cessation and pathological cessation according to the conditions present. Dr. Woodward considers the matter thus:

"I will illustrate the above by examining and diagnosing the condition of two women during their menopause. For instance, the first woman has never given birth, nor had any abortions, inflammations, or other diseases of the uterus. She approaches the critical period with her uterus in a healthy condition, and which is able to perform its normal functions through the change of life without affecting the system. Such a case proves conclusively the appropriateness of classifying it as a physiological cessation. The second woman has given birth, had abortions, and had inflammation of the uterus at the time she enters the critical period. Her uterus is unable to perform its physiological functions. This woman will have to endure during the change of life many reflex symptoms that are caused by a diseased

uterus. This sustains the appropriateness of recognizing it as a pathological or diseased cessation. The advantages of classifying the whole menstrual period of woman into physiological and pathological will be apparent when it is further known that the uterus, following the pubic age, is able to empty itself of blood within four hours after the cessation of a flow; while during the menopause the uterus that has been affected with inflammation is unable to empty itself. Thus it retains one or two drachms of blood from month to month, and becoming decomposed, is reabsorbed into the circulation, inducing all the symptoms that can be, directly or indirectly, attributed to the cessation of menstruation.

"Do we need any further proof that every woman whose uterus is healthy will not have to succumb to symptoms which arise from the change of life, and that every woman who has a weak and diseased uterus will have to endure symptoms caused by intra-uterine irritation and auto-intoxication during the menopause?"

Vol. LXVI, No. 6. June, 1906.

1. Conium, - - - - -	HERBERT T. WEBSTER.
2. Drug Prescribing, - - - - -	PITTS EDWIN HOWES.
3. Colle's Fracture, - - - - -	W. B. CHURCH.
4. We Want Facts, Not Fancies, - - - - -	L. S. DOWNS.
5. Lloyd's Foreign Letter—No. 2, - - - - -	JOHN URI LLOYD.
6. The Pathology of Specific Medication, - - - - -	WM. P. BEST.
7. State Medical Board Directory, - - - - -	

1. Dr. Webster questions why conium is included among specific medicines for he fails to note any special use for it not noted in regular works and mention of its use by Eclectics is seldom seen in print. Scudder did not mention it. "It is not improbable," says Dr. Webster, "that it is an interpolation by some unknown authority." Dr. Webster then reviews the ancient use of conium as a poison, citing the historic death of Socrates. Therapeutists insist that it specifically affects the motor nerves, but testimony, as in Socrates' case, is strong in showing that it also affects the sensory periphery. Its toxic action would indicate its possible value in spasmodic diseases, but Webster is doubtful if it will ever afford much satisfaction as a remedy in chorea, tetanus, asthma, or whooping cough. Of early observations, Dr. Webster writes:

"The observations of Baron Störck furnished the principal data for the therapeutic use made of this drug by the older homeopathsists. In fact, it is not the only agent employed by this practitioner that was afterward appropriated by Hahnemann. Störck regarded conium as a remedy for profound derangement of the processes of vegetable life, and it is here that we will find it a truly reliable agent. The power to alter profoundly various tissues of the body belongs, apparently, to but few remedies, but conium possesses

this to a considerable degree, and this renders it particularly adapted to chronic affections. It is in chronic affections, in fact, that we will derive its best, and really only, valuable properties. As a remedy for acute affections it will never become popular. For stubborn inflammatory conditions of low grade, where recuperation seems arrested or retarded, then, in certain organs of the body, we will find it to possess specific virtue."

But little of therapeutic value has come from the study of its toxic action. The opinions of Hahnemann and the deductions of Störck afford a much better therapeutic field for conium than does the single toxic dose or the conclusions of Harley, who believed that if a drug would paralyze motor power it would be curative in spasmodic disorders.

"Smaller doses manifest a predilection for the sexual apparatus, disturbing these organs, giving rise to erethism or sexual desire with feeble power in the male, and too frequent appearance of the menses in the female, with tenderness of the mammary glands. In both instances a sympathetic disturbance of the mentality arises, consisting of melancholy, irritability of temper, and dread of being left alone, accompanied by aversion to society. Pains in the testes and ovaries are also among the symptoms complained of. Though the remedy is adapted to the mental symptoms of the chaste, unmarried male and of the hysterical female, it may also be applied to mania in its various forms, though those of sexual perversion are more appropriate subjects. Indurated lumps in the mammary gland furnish another clinical use for the remedy. Here we will find it as applicable as any of our specific remedies to chronic disease. We can not expect the prompt effect that will follow the treatment of acute affections, but a fair trial will convince the most skeptical that conium is a true specific for non-malignant mammary indurations not due to scarification. The writer has no experimental knowledge of the action of conium in indurations of the testes, ovaries, or uterus, but it is vaunted here by homeopathic authority. As much may be written of its action in lymphatic indurations, though from results in other cases it seems as though it ought to be useful. The eyes readily respond to the influence of conium. Provers of the drug assert that its continued use results in smarting in the canthi, with itching and piercing pains; aching in the eyeballs, aggravated by use of vision; occasional conjunctival irritation, with acrid lachrymation; photophobia; luminous spots moving in front of the eyes; redness of the conjunctiva, with thickening of the margins of the lids, etc. The writer's experience with conium in affections of the eye has been limited, but very satisfactory."

Dr. Webster relates the case of a child injured in the eye by a thrust from a sheaf of bearded rye. The acute symptoms having passed the eye remained painful and sensitive to light. Two months'

treatment by an oculist did not improve matters. Small doses of conium promptly removed the photophobia and recovery was complete. Another case with retinal involvement, glimmering of light before the eyes, worse in the evening, or the presence of artificial light with headache, photophobia, restlessness at night, and nervous irritability during the day was cured by small doses of conium and kali mur. 3x. An oculist had failed to benefit the case. The specific uses of conium will be found to rest in chronic cases where the recuperative processes are at fault.

2. Dr. Howes believes that more attention should be given in medical teaching to the therapy side of medicine. It is specific medication that has made Eclecticism the most successful practice of medicine. He says:

"Many people wonder why the Eclectic practice is more successful than that of other schools. It is not, as sometimes stated, that they do not treat such severe cases, but because of their more thorough knowledge concerning drugs and their action in different-sized doses. This power to adapt drug medication to the varying conditions which tend to throw the physical part of man out of its normal condition, is the key to the unparalleled success of the Eclectic physician.

"By many who have investigated our methods of cure, we are thought to be extravagant in our claims for specific medication. This expression of disapproval is caused by the misunderstanding and misapplication of the term—specific. They apply it to the disease, which by their diagnostic ability they have named so and so, and contend there are no specifics for disease. In this respect we agree with their conclusions. Our use of the term 'specific' is applied to conditions which are manifested by certain indications. These indications point to the use of explicit drugs, the size of the dose being modified by the surrounding circumstances. \* \* \* Possibly the principal reason why it has not been adopted more generally by the profession at large, is because it requires the physician to do his own thinking. The specific medicationist must analyze each patient, and not only that, but the special analysis must be continued each time the patient is seen. For as the patient's conditions change so must the prescribed drug. Doubtless there are cases where the same drug is indicated, and can be continued with advantage for a considerable period of time. These cases are not so frequent, however, as to make it a general rule."

3. Dr. Church offers a paper showing a better method of managing Colles' fracture than the older one with the pistol splint. After relating several unpleasant experiences, he says:

"At length, in sheer desperation, I experimented on a case until I found a more excellent way. Partly by accident it transpired, that

if transverse extension, with hand flexed on forearm at right angle, was added to the longitudinal, it made an end of the deformity, with no tendency to recurrence. Subsequent cases were as much a delight as they had previously been a terror.

"While maintaining extension, the hand is flexed on the wrist at right angle, grasped for the purpose by one hand of the surgeon, whose other hand grasps the patient's arm just above the seat of the fracture, everything will be favorable for the final decisive step. Extension and counterextension by the surgeon in a direction transverse to the traction first made, easily unlocks the fragments, and drags the lower forward until the entire fractured surfaces are opposed. The shortening of the forearm by thus interposing the full length of the radius is overcome, and this enables the styloid process of the ulna to maintain its proper position from which it was driven by the accident. There is no tendency to displacement. Except for the risk of accidental violence, no splint is absolutely necessary. Any light splint, except the pistol splint, may be lightly applied, to extend from elbow to metacarpo-phalangeal points. This should be removed often for instituting massage and passive motion. After three weeks, in case of children, or four in adults, no further attention is necessary, and full use may be enjoyed in six weeks. In fracture of any bone, in the vicinity of a joint, it is first of all important that the fragments be brought into accurate apposition, otherwise there is sure to be more or less inflammation of the tendons and fascia, producing adhesions, contractions and deformity. It is always to be remembered that success in the management of fracture depends far more on accurate adjustment than on all other methods of subsequent treatment."

4. Dr. Downs asserts that medical journals are often filled with therapeutic bosh and believes that the specific medicationist is often too optimistic of the results to be obtained from drugs. Ninety-five per cent of cases recover anyway, whether medicated or not. Often medicines indicated do not act until after some cause is found and corrected, as the local treatment of a rectal ulcer, the removal of worms, or the correction of an endometritis. Then the specific indications of the reflex troubles yield promptly to the indicated drug. Dr. Downs does not decry specific medication, but asks for more care in recording drug action. He "wants facts, not fancies."

5. We abstract from Prof. Lloyd's foreign letter the following concerning the food of the Neapolitans. The epicure should find comfort herein.

"The methods of life of the Orientals are very instructive. The foods are often somewhat peculiar, as also are the creatures eaten.

But we do not have to go to the land of the Turk for examples. In Naples we find most striking instances.

"Whoever visits Naples makes a mistake if he misses the great Aquarium, the most complete in the world. Indeed, the world of science contributes to its support. Our Smithsonian Institution makes to it annually a donation of money. Here are to be seen the sea creatures of the Mediterranean, alive and content. In the great glass compartments are the many swimming and creeping things that live beneath the surface of that semi-tropic sea. Separated are they from each other, because most of them agree about as the lion and the lamb. Here we see a tank in which we behold a number of creatures that somewhat resemble a great brown shoe, with two glaring eyes in the heel. From beneath come eight arms that everlastingly stretch out and again contract, like India rubber. They project themselves, now here, now there; they grasp whatever they touch, they seize a bit of food, and then the arm contracts. Into the stomach beneath the eyes of the creature it is irresistibly drawn. But while this is occurring, the other arms are stretching in and out, are slipping up and down, are searching near and far for anything possible. The creature moves as though it, too, were a prey of these rubber arms, which stick by rows of suckers to whatever they touch, and which have the power of grasping a man and drawing him down to the ocean's depths as easily as they do an unfortunate fish. This is the octopus, and the Mediterranean Sea is filled therewith.

"Next we turn to a tank in which at first glance we see only rough stones and sand, but on closer examination we perceive that some of the rough stones are alive. They are fish that have the power of imitating the objects among which they lie, both in color and form. This one is reddish, that one is brown or black and yellow, in accordance with the objects near at hand. Hideous creatures are they, lying there silently, awaiting the fish that fails to perceive that stones such as they have mouths. Now the sand moves, a darting creature rises from it, and then slowly settles down—to become sand again. It is a great flat fish that, now we have located it, is seen to lie so close to the sand, and to so nearly resemble it, as to make it impossible to tell where sand ends and fish begins. There are others about; we see their still eyes looking upward, but no one can trace their bodies.

"The next tank contains crabs, with legs two feet in length. There are tanks of coral, of sharks, of transparent squids, the cuttle fish, and hosts of fish and creatures of all colors, shapes, sizes and habits. The water is as clean as air, the creatures live before our eyes, the most instructive object-lesson of the world concerning aquatic life of this most interesting sea.

"Go now to the market-place in Naples. There we find the same hideous creatures,—sold as food. Here are baskets of the octopus, the same rubber-like arms, the same glaring eyes. This basket may contain a number of small ones, that basket a few arms chopped off from a very large one. Here are repulsive fish that resemble stones,



there the transparent squids, next the cuttle fish, not less unsightly. In fact, whatever the sea breeds, seems to be a food for man, or to feed upon man. It is a question, I take it, as to which is the stronger. Sometimes the man eats the octopus, again the octopus eats the man. Whoever travels as I am now traveling, needs leave his squeamish stomach at home. Ask no questions. Eat whatever others eat. That is good philosophy, and it is good breeding, too. Withal, it is but a difference in education. The man who eats the slimy oyster or the slippery clam, need not criticise him who considers the octopus a delicacy, nor yet should the man who eats lobster be sensitive or impatient if his host serves him a not less ungainly horned creature instead."

6. Dr. Best's paper is a philosophic lecture on the pathological side of specific medication. It should be read in full.

### The Chicago Medical Times.

Vol. XXXIX, No. 5. May, 1906.

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| 1. Encephalitis-Cerebritis, - - - - -                      | E. M. READING.       |
| 2. Pneumonia in Children, - - - - -                        | A. J. FOELSCH.       |
| 3. Tuberculosis and How to Combat It, - - - - -            | VAUGHN L. SHEETS.    |
| 4. Cystic Degeneration of the Chorion, - - - - -           | CHARLES H. BUSHNELL. |
| 5. Institutions for the Treatment of the Insane, - - - - - | BISHOP McMILLEN.     |
| 6. Success vs. Failure, - - - - -                          | J. B. DAVIS.         |
| 7. The Internal Use of Boric Acid, - - - - -               | T. W. KENNEDY.       |

1. Dr. Reading's paper will be reproduced in a future issue of the GLEANER.

2. Dr. Foelsch writes of pneumonia in children, giving in good form the history, statistics, differential diagnosis, complications, physical signs, prognosis and treatment of both catarrhal and lobar pneumonia. After stating that the hygienic treatment should vary little, if any, from that in other conditions, he advises the cotton-jacket, changed every three or four days, and the alleviation of breathing and reduction of temperature by means of the warm sponge bath. Of the medicinal treatment he says:

"The medical treatment varies a great deal, and must be symptomatic. There are certain sets of symptoms which call for a certain drug or combination of drugs. High temperature, flushed face, bright eyes, patient inclined to be rather nervous, twitching of the eyelids or arms and legs, starts in sleep,—call for gelsemium gtt. viij in  $\mathfrak{z}$ iv of water; teaspoonful every hour, to effect, for a child three years old. Bryonia gtt. x added to the above will relieve the cough and pain greatly. Heroin, about 1-60 gr. every four hours, will relieve the cough and dyspnoea in most cases. Sometimes it is necessary to give codeine sulphate in 1-16 gr. doses, repeated as necessary for the cough. In infants the camphorated tincture of opium

is the best, just enough to give rest, and that depends upon the case. If there is low, muttering delirium, hyoscyamus gtt. x in water ℥iv, one-half teaspoonful every half hour. Pallor, stupor, coldness of extremities, belladonna gtt. v, water ℥iv, one-half teaspoonful every half hour until reaction. If there are no nervous symptoms, aconite gtt. iij, water ℥iv, teaspoonful every hour instead of gelsemium. Full, bounding pulse, red streak in center of tongue, veratrum the same as aconite. If the pulse is weak, strychnia should be given. I use the arsenate one-one hundred and thirty-fourth grain every four to six hours, as necessary. Usually the bowels will take care of themselves; if not, castor oil or enemas will. Failure of the right heart indicates nitroglycerine, one-two-hundred and fiftieth gr. repeated as necessary. I use very little whisky. When resolution commences, I use a cough mixture containing:  $\mathcal{R}$  Heroin, gr. 1-12; ammon. mur., gr. j; chloroform, m.  $\frac{1}{2}$ ; syrup wild cherry; syrup tolu aa q. s. ad., 3j. Of this 3ij to 3iv, simple elixir ℥iv, teaspoonful every two or three hours, as necessary. The diet should consist of milk diluted to suit the case; broths of all kinds, egg albumin, arrowroot and acorn, cocoa. If the infant is nursing, let it continue."

3. Dr. Sheets declares that tuberculosis destroys one-sixth of the population of the globe and refers to its prevalence even in the day of Hippocrates, 460 B. C. Dr. Sheets also contends that it is curable in the early stages, 70 per cent of cases treated in institutions showing this fortunate result. He cites several well-known personages who have been cured. He says:

"What are the methods of treating and curing consumption? It is not cured by quacks or patent medicine, nostrums, or secret remedies, but is treated solely and exclusively by scientific and judicious use of fresh air, sunshine, water, abundant and good food, milk, eggs, vegetables and fruit, and the help of certain medicinal substances when indicated. The thorough and constant supervision of the invalid, the immediate intervention when new symptoms manifest themselves, or old ones become aggravated or do not disappear rapidly enough. The prescribing of proper food and drink can only be done by the trained physician; therefore right here, let us sound a word of warning that the most healthful climate or the most beautiful resorts will not cure consumption if the patient is not wisely guided in his treatment. Sometimes this class of patients think that they feel well enough, no longer to need the services of their physician. Such carelessness on the part of the patient has in many instances resulted in serious relapse and a fatal end in a very short time.

"A knowledge of science should be a common possession, and especially sanitary and medical science. We have a firm conviction, established by reason, study and demonstration, that there is a simple, natural, safe, reliable, cheap and universal remedy. We must first of all understand the nature of the lungs and also of lung difficul-

ties. The lungs imply air; so do the wings of a bird. From the lungs we learn that some element or function of the air is necessary to animal life, and from the wings of a bird we learn that the air is a real substance, capable of supporting the body of the bird that makes use of its wings. As a bird can not fly without using its wings, so a person can not live without using his lungs, and to learn to use the lungs properly will save millions of the human race."

Dr. Sheets favors judicious legislation combined with public and private philanthropy as aids in exterminating tuberculosis. To this end he suggests a "commission for the determination of admission to municipal or State institutions for consumptives, such a commission to be composed of a certain number of general practitioners and health officers. They should be aided by charity organizations:

"Each suspected case should be investigated for the following purposes: First, to determine conditions by medical examinations; second, to visit the home and institute such hygienic measures as seem necessary; third, to examine members of the family in order to find out if any of them have also contracted the disease, and if so to counsel proper treatment; fourth, to report in full to the sanitary authorities concerning the patient's dwelling, its renovation, or even destruction where it is evident that tuberculosis has become endemic there; fifth, to determine the financial condition of the family, and should a patient who is the head of the family be sent to an institution, and the family become destitute, then it becomes the duty of the municipality to provide for the family."

In the discussion following Dr. Sheets' paper all agreed as to the curability of consumption, some believing the salt breezes, the pines, and the more abundantly oxygen-laden air of the Gulf of Mexico to be the preferred locality to aid in such a cure.

4. Dr. Bushnell reviews the history of mole pregnancy, referring particularly to the many views concerning its pathology held by famous authors. He concludes that it is probably a true myxoma of the chorion. His description is graphic and the cardinal symptoms he names are three—abnormally rapid increase in the size of the womb; hemorrhage, not great at first, with usually but little pain, but usually alarming and fatal later unless immediately controlled; lastly, the escape of vesicles. He advises immediate evacuation of the uterus under anæsthesia, the fingers being preferred as a curette. If not feasible then a curette should be gently but thoroughly used. Care must be had not to perforate the womb already impaired by the cystic invasion and every cyst must be removed, as serious trouble, if not a malignant growth, may follow

such neglect. Patient must be kept in bed at least ten days, ergot given until contractions are normal, and intra-uterine injections of normal saline solution should follow the curettement. Should subsequent malignancy appear no time should be lost in performing hysterectomy.

5. Dr. McMillen tells the history of the insane and their care in an admirable and instructive paper. It is reproduced in this issue of the GLEANER.

6. Dr. Davis makes a fervent plea for Eclectics to declare themselves strongly as such and thus build for posterity what the pioneers built for the men of to-day. Only in such an enthusiastic support can we prevent "the word failure to be written by our individual lives, over the doors of our colleges, as a footnote at our State and National Associations."

7. Dr. Kennedy reports upon nine years' use of boric acid internally in the treatment of diabetes mellitus. He gives No. 2 capsule filled with the acid every four hours until there is less water and less sugar; then three or four doses a day and so continued until a cure results. He reports having given it continuously for two months. In very weak subjects he also gives 1-100 grain of strychnine nitrate. He also uses the acid internally in irritation of the bladder and urethra and pronounces it specific in women having burning and frequent urination. He also praises it for gonorrhoea, and has had good results from it in syphilis.

Vol. XXXIX, No. 6. June, 1906.

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|--|---------|--------------------|
| 1. Parisian Medical Chat (Tr. by T. O. Minor), | - -     | CIRO URRIOLA.      |
| 2. Practical Every-day Bacteriology,           | - - - - | CLAUDE E. LAWS.    |
| 3. Ergot in Nephritis and Hæmaturia,           | - - - - | O. F. GABBERT.     |
| 4. Fracture of the Clavicle,                   | - - - - | J. B. DAVIS.       |
| 5. Intra-Uterine Medication,                   | - - - - | C. WOODWARD.       |
| 6. Placenta Prævia,                            | - - - - | B. A. GRIFFITH.    |
| 7. Some Simple Health Suggestions,             | - - - - | O. LIESSMANN.      |
| 8. A Ruptured Uterus at Labor,                 | - - - - | ALBERT J. FOELSCH. |

1. Urriola (translated by Dr. Minor) concludes after personal investigation of eleven cases of fever in Panama, reported as yellow fever, that they were malarial. He says:

"We see, then, that a syndrome composed of fever with continued remissions, accompanied by generalized pain, persistent albuminuria, bilious vomiting, sometimes mixed with blood, epistaxis, delirium, suppression of urine, with fatal termination, is not all-sufficient to establish the diagnosis of yellow fever. The only true method of diagnosis is a repeated examination of fresh blood made by a phy-

sician well trained in modern methods of research, one who can show in a case of paludism the agent of that malady, or in unfavorable cases, the uniform alteration of the red globules, owing to the penetration of pigment in their protoplasmic mass. Having proved the malarial nature of the fevers that attack non-acclimated strangers on the Isthmus, I wish before finishing, to recall some cardinal points of difference between paludism and yellow fever. While in malaria we always recognize the same agent, i. e., a parasite, in true yellow fever, such as prevails along the Gulf of Mexico, we do not know, up to the present time, the special productive agent. If it exists, it is, according to Dr. Walter Reid, ultra-microscopic. Besides, the blood of a yellow-fever patient, passed through a Berkfeld filter, that does not permit the passage of any known microbe, yet such filtered blood will produce the fever in a non-immune subject. The simple blood serum, without filtration, of a patient suffering from malarial fever, injected subcutaneously, or in a vein, will not reproduce malarial fever, according to the experiments of Celli."

2. Dr. Laws presents a very practical article on every-day bacteriology, and shows the value of being able by very simple microscopic methods to detect tuberculosis, typhoid fever, diphtheria, malarial fever, cerebro-spinal meningitis, amœbic dysentery, and trichina spiralis. He urges Eclectics to equip more private laboratories. Of such he says.

"Such a laboratory need consist of little more than a microscope, an alcohol lamp, a few slides, test-tubes and stains; or it may be more elaborate as well as expensive, including an incubator, microtome, and various other apparatus to meet the doctor's demands and inclination."

3. Dr. Gabbert reports the successful employment of Lloyd's ergot in 10 drop doses every two to four hours, in most cases every four hours for a long time, in the relief of nephritis where the cases have not gone on to destruction of the kidney. From his remarks we judge that a congestive stage of the renal circulation is his indication for its exhibition. No stimulants may be employed and all other causes likely to paralyze the vaso-motor nerves of the renal vessels must be avoided. He believes many cases in their incipency may be relieved by ergot, but their subsequent course should be watched with care lest recurrence takes place. The cases cited are of interest and the paper should be read in the original.

4. Dr. Davis recalls that more or less deformity is bound to result in treating fracture of the clavicle by any of the ordinary methods advised. His cases, fifteen in number, have been treated with an apparatus devised by Prof. Edwin Younkin, of St. Louis,

with so little evidence of having ever been fractured as to raise a doubt in the minds of those who afterwards examined them. Unfortunately he does not describe his apparatus although he partially describes its use.

5. Dr. Woodward refers to the baneful effects of constipation, which latter he characterizes as temporary and permanent; the former is deficient intestinal secretion; the latter hypersecretion or catarrh of the bowels. From the effects of constipation anemia and disordered skin action results, and there is weakened reparative action, resulting in local inflammations, including that of the uterus. From twenty-five years' experience in washing out the uterus he has come to the conclusion "that every woman who was affected with inflammation of the uterus had hypersecretion of the bowel and a permanently diminished action of the skin in some degree." He cites the following case:

"*Case*.—Miss S. B., aged forty-two, called May 23, 1905, for consultation and examination. She had been unable to work for several months, because she would sleep from fifteen to twenty-five hours without awakening, and then stiffened so that it required the greatest effort to get out of bed.

"Tongue had a thin, white, pasty coating; pulse fluctuating from 92 to 100, temperature 99.3, skin dry, scaly and anæmic; profuse pharyngeal and nasal exudations; fifteen pounds heavier than ten years earlier; abdomen of a dark, clay, lifeless color, and sensitive to pressure; permanently constipated; anæmia was present, with endometritis, and a sanious discharge; depth of uterus four and three-fourths inches and retroverted; urine contained no albumen nor sugar, but highly acid, and exhibited a specific gravity below 1012 continuously, indicating the abusive use of sodium chloride. She claimed to have been under treatment for uterine and catarrhal diseases most of the time for twenty-two years, with only temporary benefit, and that she vomited several times each week, and never knew her skin to be moist.

"*Treatment*.—R Specific echafolta, ʒj; infusion of Alexandria senna, ʒij; glycerine, ʒss; rye whiskey, ʒss. Misce. Sig. One teaspoonful every three hours. To stimulate the skin: R Petrolatum, ʒss; tincture of capsicum, ʒj; oil of cloves, ʒss; oil of citronella, gtt. xv. Misce. Sig. Anoint the whole body following a cold sponge bath every second day. Head washed with tepid water and rinsed with cold water twice weekly.

"Her uterus was cleaned out twice a week with a fifty per cent solution of peroxide of hydrogen, alternated with a five per cent solution of an antiseptic; at every second treatment the endometrium was thoroughly swabbed out with campho-phenique or equal parts of iodine and carbolic acid, followed immediately by cleansing the

uterus with the peroxide and alternated antiseptic solutions, and the treatment finished by inserting a pledget of cotton saturated with three parts of glycerine and two parts of specific phytolacca, to remain thirty or forty hours. This treatment removed the sensitiveness and regulated the action of the bowels, restored the circulation and secretion to the skin, controlled the sanious discharge, reduced the size of the uterus until it assumed its normal position; all of which has enabled her to work and earn her own living."

6. Dr. Griffith reports the successful issue of a case of placenta prævia in which he elected to delay operative measures until late in the pregnancy. The case is particularly interesting from discussion evoked in which the speakers all favored prompt and early interference.

7. Dr. Liessmann gives some good advice to the physician in recommending a systematic course of taking care of himself, and such a course to be begun in the fall of the year. He believes that those gymnastics which develop to abnormal proportions any set of muscles or faculties for which we have no special use, is unwise and a waste of energy. What he would advise we might interpret as body ventilation and skin stimulation. It consists in having plenty of fresh air in our sleeping rooms, the removal of all underclothing worn during the day, the donning of a cotton gown, which upon arising in the morning, should be removed, and long, flesh brush vigorously applied all over the body, the person to walk about during the operation. This he compares to a bath in a running stream. Subjects of lumbago should be cautious in the beginning of such treatment.

8. Dr. Foelsch reports an interesting case of rupture of posterior wall of cervix and uterus during labor, with every reason to expect peritonitis to follow as the patient had been previously examined by her husband, who was a farmer. She had worked hard on the farm and attended to a stable of eight horses. The doctor asks: "Why didn't this patient have puerperal peritonitis and die? It must have been because she was Dutch."

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#### The Nebraska Physician.

Vol. 2, Nos. 8-9. March and April.

1. Auto-infection, - - - - - F. L. WILMETH.
2. Proposed Amendments to By-Laws of Federation, - - - - -

1. Dr. Wilmeth's paper is intended to direct attention to the importance of autoinfection in production of abnormal conditions having all the symptoms of infection from without.

Vol. II, No. 10. May, 1906.

1. Advance of Medicine, - - - - - EARL E. BOYD.

1. Dr. Boyd's paper is a student's graduating or valedictory address. Other papers in this issue with no accredited authors, are: "Class Address—Tau Alpha Epsilon" and "Medicine and Surgery," both of which are also commencement addresses.

### The Medical Arena.

Vol. XVII, No. 4. April, 1906.

1. Items, - - - - - J. H. WHERRELL.  
 2. Intra-uterine Medication, - - - - - C. WOODWARD.  
 3. An Interesting Surgical Case, - - - - - B. J. PATTERSON.  
 4. Treatment of Remittent Fever, - - - - - JOHN ALBERT BURNETT.

1. Dr. Wherrell's items cover recommendations for enemas of fresh buttermilk for fecal impaction, intussusception, and intestinal obstruction; corn-file for the removal of corns; and unboiled water in typhoid fever. He believes that typhoid fever can be aborted or at least rendered milder by clearing the intestinal tract and giving intestinal antiseptics. For depression, from whatever cause, the best stimulant, he says, is heat. Apply water bottle partially filled with hot water to chest to stimulate the heart and hot flannels over the stomach to stimulate the solar plexus.

2. Dr. Woodward, who strongly advocates the method of intra-uterine medication proposed by him in his work of that name, writes as follows:

"For ages past there has been a prejudice against washing the uterus, for the reason that it was found impossible to run from two to ten gallons of water through such a small cavity without producing irritation that would occasionally cause uterine colic. Whenever a woman is affected with chronic endometritis and contracts a cold that suppresses menstruation, the retained blood decomposes, is absorbed, and causes pelvic inflammation, which will rapidly develop into general peritonitis if the uterus is not cleansed out every twenty-four or forty-eight hours. I will present a case that was treated with this method. During last September Mrs. L. M., during a yachting trip of several days, contracted a severe cold which suppressed her menstruation. The retained blood decomposed, and its absorption caused pelvic inflammation that developed into general peritonitis. A physician treated her for five days with hot compresses, vaginal douches and morphine injections. I was called on the sixth day. The physician relinquished the patient because she refused to go to the hospital and submit to having her uterus curetted. I found her temperature 103½° F., pulse 130, small and wiry, characteristic of inflammation



of the serous membranes; skin dry and hot; nausea and vomiting; marked tympanitic distention, sensitive to touch, and accompanied with severe pain in the pelvis. Treatment: Spec. gelsemium, 3j; spec. hyronia, 3ss; aqua q. s. §iv. Misce. Signa. One teaspoonful every hour. In washing out the uterus every twenty-four hours for one week with a 50 per cent solution of peroxide of hydrogen, I alternated every other syringe with 5 per cent solution of antiseptic. After the first treatment the pain became so light as to dispense with morphine, but the hot applications had so relaxed the abdominal fibers that the tympanites could not subside, and the following absorbent packs were applied twice daily: Chloridum hydrargyri, gr. ss; alcohol, §iss; aqua, §iss. Misce. Signa. I applied a piece of factory large enough to cover the abdomen, wetted in this solution and covered it with the following spiced pack: Pulv. cinnamon, 3ss; pulv. cloves, 3ss; pulv. ginger, 3ss; pulv. piper nigra, 3ss. Add three pints of boiling water. After half an hour I wrung out a two-ply piece of flannel in this solution of spices, large enough to cover the first cloth, then laid over this an oilcloth and applied a bandage, which I renewed every twelve hours for one week. These packs stimulated contraction of the abdominal fibers, limited the plastic exudations and promoted the absorption of the inflammatory products. After the first week gelsemium was dropped, but the bryonia continued, and her uterus was washed out every forty-eight hours for two weeks longer, at which time she had fully recovered. If this method of intra-uterine medication is applied within five or six days after pelvic or general peritonitis makes an appearance, adhesions will not occur. There is no comparison between this and the old, unsatisfactory treatment of iodide of potassium, bichloride of mercury, iron, blisters and the inhibiting of exercise for months from fear of causing a relapse."

Vol. XVII, No. 5. May, 1906.

1. Circumcision, - - - - - B. E. DAWSON.
2. Malaria and Malaria, - - - - - FRANKLYN PIERRE DAVIS.
3. A Few Words About Cancer, - - - - - GEORGE B. MITCHELL.

1. Dr. Dawson does not believe the importance of circumcision is generally realized. He writes:

"I do not advocate the desirability nor necessity for general circumcision, but it is a fact that a large number of male children require the removal of an abnormal prepuce. Given a case of a boy who habitually wets the bed, walks in a shuffling, stumbling manner, mumbles his words, is listless and dull; and in nine out of every ten of such boys you will find pathology at the prepuce—phymosis, adherent, or too much prepuce. Circumcise this boy, and you transform him into a new being. He ceases to take his nocturnal saline bath, picks himself up with alertness, and is a new boy. We should make it a point to examine with minute care the penis and anus of every new-born male, and if it is impossible to see the glans,

the prepuce coming to a point, or has the appearance of being constricted, it should be removed as soon as the umbilical cord has come off. These babies are restless and squirm and cry just before urinating, there are frequent erections, and the nervous system suffers in some way. The child will soon learn to hold his urine as long as possible. If circumcision is performed before the babe is four weeks old no sutures will be required, and will readily heal if antiseptically done. As a rule all palliative measures are worse than failure. Stretching, splitting it do no good, and may do harm. Thoroughly break up all adhesions. Another pathological condition often found is a short frenum, and is more potent for evil than a long prepuce. There is constant tension—impingement of sympathetic nerve. Here you will frequently have nerve storms. Retained smegma, adhesions, short frenum, with long, tight prepuce will ruin the child's health, and make the mother a nervous wreck. Many a case of colic—the child shrieking for hours, spasms or various manifestations of ill health, will be relieved, and the cross, fretting child changed into a happy, cheerful infant, by circumcision. Many cases of nervous trouble, eczema, rheumatism, and various chronic troubles, can be relieved in the adult by this simple operation."

2. Dr. Davis answers the many queries that have been made concerning oil of monarda since he first wrote about it. He prefers oil of monarda fistulosa, putting 10 to 15 drops upon the tongue until the patient "warms up" in congestive chills and when a cold has been taken. It is a powerful diaphoretic.

3. Dr. Mitchell discourses upon the increasing prevalence of cancer, canvasses the various causes that have been advanced, reviews the pathology, and decides that it is primarily entirely a local disease. Internal medication is of no avail, the knife is not thorough enough and only medicinal treatment is of any service. He hopes to formulate a plan of treatment based upon his experience, but in the meantime he says "study and labor and wait."

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#### The Eclectic Review.

Vol. IX, No 4. April, 1906.

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| 1. Annual Address,   | - - - - -        | HENRY STOESSER.   |
| 2. The Pulse a Sign of Disease,                                | - - - - -        | W. J. KRAUS.      |
| 3. Types of Physique and Their Relation to Health and Disease, | J. A. DENKINGER. |                   |
| 4. Circumcision,   | - - - - -        | M. B. PEARLSTEIN. |

1. Dr. Stoesser's paper is a model of brevity as an annual address, the central idea of which is the progressiveness of Eclecticism. He urges that we show our strength numerically as well as intellectually in our annual meetings.

2. Dr. Krausi's paper is reproduced in this issue of the GLEANER.

3. Dr. Denkinger presents a lengthy paper on the temperaments reviewing different classifications and describing the types. He prefers to consider them in four types as follows: 1. The Abdominal Type; 2. The Thoracic Type; 3. The Brain Type; 4. The Motor Type. He also recounts the diseases with which individuals of each type are most liable to be affected. The paper is a good presentation of the subject. His opening and closing paragraphs will give some idea of the drift of thought. They are as follows:

"In the days when the pathology of disease was but little understood and diagnostic methods lacked the precision which we can now fairly claim for them, medical authorities attached the greatest importance to such topics as temperaments and diatheses. In those days, physicians prescribed for a man's temperament as we now do for his disease. This, of course, was carrying the matter too far, but to ignore the doctrine of temperamental influence is almost as bad. For a physician to neglect to take into consideration those constitutional differences between man and man, which, in want of a better name, we call temperament, is to deprive himself of a most valuable aid in the prevention, diagnosis and the rational treatment of disease. Temperamental knowledge not only helps the physician to better understand many a patient's disease, but it will often enable him to understand the relation of the patient to his disease, and to know and to correctly appreciate the constitutional elements of the patient is of the greatest importance." \* \* \*

"To conclude, there is then in the case of strongly marked physical types, a greater proclivity or liability to certain forms of disease than others, and this tendency is often indicated long before pathological changes take place or can be determined by ordinary methods, so that the physician who makes a study of temperaments and builds, in other words, physical types, will not only obtain valuable data as to the physiological makeup of his patients, but he will also be able to give valuable advice to his patients, and especially advice to parents of children whose makeup shows defects, either in the form of overweight or underweight, or deficiency or excess of any of the organs or systems of organs constituting and termed temperament or types of physique."

4. Dr. Pearlstien makes a plea for greater attention to defects of the sexual organs remediable by circumcision. He cites the Biblical injunction (Gen. xviii, 9-14). He says:

"The world not belonging to the sons of Abraham is slowly awakening to the fact that there is some value in the performance of circumcision, but it is not quite ready as yet to undergo that operation. We notice with great satisfaction that those who have been

circumcised are not subject to many of the diseases to which the uncircumcised are liable. Many physicians understand the importance of liberating the glans of the penis or clitoris—yet how few practice it. They often ignore the fact that irritation of the sexual organs means congestion, and that congestion produces sexual excitement. They allow adult patients and parents of afflicted children to continue in ignorance of these sexual disturbances. Diseases of children, such as convulsions and chorea as well as adult diseases, such as seminal emissions, neurasthenia, hysteria and many others, are good examples of this class of cases."

Anemia, constipation, neuroses, dysmenorrhœa, convulsions, and chorea are among the disorders remedied by successful circumcision. He advises the most commonly employed method.

Vol. IX, No. 5. May, 1906.

1. Chronic Disease, - - - - -	MAX MEYER.
2. Cholera Infantum, - - - - -	ALBERT FOX.
3. Letter from Aden, Arabia, - - - - -	JOHN URI LLOYD.
4. Congenital Deformity, - - - - -	O. H. RORDE.
5. Cholelithiasis, - - - - -	ANNA MARTIN-KING.

1. Dr. Meyer contributes a lengthy paper on the causation and treatment of chronic diseases, which latter, according to his conclusions, have a common base. "Every one," he writes, "who becomes a sufferer has undergone at birth already a dreadful past. The fetus has developed in a sickly uterus whose mucous membrane has been poisoned with leucorrhœa and through the mother's blood the child has absorbed the toxic material which forms in later life the impetus of pathological conditions." He outlines a system of medication affecting cell chemism, and names several remedies he employs therefor.

2. Dr. Fox asserts that the following is effective treatment for that scourge of babyhood—cholera infantum:  $\mathcal{R}$  Echinacea, 3j to 3ij; silica, 3x 3j; simple syrup q. s.,  $\mathfrak{z}$ iv. Shake until properly mixed. Sig. One teaspoonful every two hours. Stupes of equal parts of hot salt water and vinegar are employed for abdominal pain, and the food is milk peptonized with Fairchild's peptonized milk powder.

3. Prof. John Uri Lloyd, Editor of the Publisher's Department of the GLEANER, now traveling and studying in the Orient in quest of scientific data, writes from Aden, Arabia, to Editor Boskowitz, of the *Eclectic Review*, a letter concerning his experience in Naples, in which he has the following to say regarding dirt and dirty people:

"In Naples I became much interested in dirty people. I could not well avoid them and study the habits of the masses. If there be any

form of body dirt these people have evaded I can not imagine what it can be. If there be any smell that is an accompaniment of all forms of dirt, collectively or singly, the searcher will surely find it in Naples among the people of the old section of the city. If unmoved trash, vegetable, animal, sea creatures, land creatures can harbor or breed germ life, Naples possesses the medal of variety. Surely no microbe of dirt, no bacteria of dirt, exists anywhere but can find here a relative. If there be such a thing as evolution, here it may begin in dirt that will rest unmoved for ages. Pass now to Egypt. Take the city of Alexandria. Go to the Arab section of old Alexandria. Again we find narrow streets, people in profusion everywhere; men, women and children huddled together, on the sidewalks, on the streets, in the homes. Here, too, is dirt, human-bred dirt, anything that can ferment, fester, smell. Here, too, the ages have passed in dirt-begrimed, dirt-laden form and style. But one advantage has the city of Alexandria over Naples that I can see. Alexandria is Mohammedan. The Moslem religion commands that certain bath processes be made each day. The mosque contains a large pool of clean, running water. Here the Musselman must bathe before entering the mosque. So much for Mohammed and his laws. But yet, the Arab in the streets, the native in his home is not scrupulously exact. But if there be any cleanly advantage, the Arab possesses it over his neighbors across in Italy. Now, to the lesson of it all. These dirty people are healthy. I inquired in Naples and Alexandria, to be informed that the people were as a rule healthy. If dirt breeds disease, they should all be afflicted. If these people were like ourselves, I believe they would be self-exterminated. The microbe of health is in my opinion a myth. But the culture of immunity is a fact. These people have been bred in filth and nourished on dirt. To be clean in Lazaroni Naples would be to be abnormal. To be dirty is to be in normal condition. They have surely become immune to dirt, their systems resist influences that would turn a cleanly American into a bed of fever. Then comes the question, If this be so, are we not inviting disease by over-cleanliness? In other words, can not a race of people become so fortified as to be able to resist influences that with other people would prove destructive to life? Have the dirt-beset residents of these dirt-laden hives an immune power as concerns filth, that cleanly people do not possess? \* \* \* But as I write, I recall that two days ago I passed the City of Mecca, the point of pilgrimage to the faithful Moslem. In Egypt I saw great caravans of camels and donkeys, with their loads of the faithful on their way through the desert to that great goal. I was told that half would die, that perhaps less than half the number would ever return from that fearful journey through waste and sand and heat indescribable. And I recall that from this very land comes the specter of cholera, stepping from city to city, after its escape, reveling amid the dirt-laden cities of Asia and Europe. And then I ask, Are these nests of filth breeding-places for their master, the cholera, when comes his time to start on his journey of devastation?"

4. Dr. Rohde offers a paper touching upon many phases of congenital deformities, considering their history, causes, and possible prevention. He advocates preventive medicinal treatment administered before and during pregnancy as well as the legal interference by the State in the consummation of marriage between the unhealthy, deformed, or infected contracting parties. Of the causes and restraint he says:

"The etiology of congenital deformity is only partly understood, very much a matter of conjecture; the main factors are shock, due to accidents of travel, blows, the sudden onset of animals, reptiles, exposure affecting the function of nerve centers, the sight of crippled or suffering children, malnutrition, fright, abuse, heredity, and disease, especially syphilis and tuberculosis. The prevention and treatment of congenital deformity and any possible deformity following birth is really a national matter, especially in this country, where an ever-increasing mass of aliens, illiterate to a great extent, ignorant, superstitious and with slight government restrictions are entering through many ports, crowding already congested city centers, constantly adding to an existing medical burden that falls heavy on the taxpayer. The local Boards of Health pay little attention to births, beyond securing registry, there are no societies beyond the free nurses, to instruct the young woman regarding healthy motherhood, there are no laws to weed out diseased couples, or laws that require a rigid medical inspection of both contracting parties prior to marriage, though often advocated by leading medical practitioners and right-thinking women. As a rule the young of both sexes know little of one another, kept in ignorance to a great extent by parental views, narrow, ignorant, a sense of false modesty or by feelings of repugnance until too late."

Dr. Rohde believes that much can be done to place parents in a healthy state by the administration of specific medicines, of which he enumerates many as follows:

"For liver congestion, constipation, gallbladder, use *chionanthus*, *juglans*, *chelidonium*, *podophyllum*, combined with *leptandra*, *sodium sulphate*, *sulphite* or *phosphate*, *ammonium chloride*, *nux vomica*, *rheum*, *polymnia uvedalia*, *belladonna*, *ignatia*.

"For assimilation and aid to digestion, use *hydrastis* with or without *sherry wine*, *columbo* with or without *sodium* or *potassium bicarbonates*, *corydalis*, *gentian*, *taraxacum*, *prickly-ash bark*, *turnera*, *euphorbia*, *colocynth* (minute doses), *cornus florida*, *penthorum sedoides*, *iris*, *alnus*, *phytolacca*, *myrica*, *collinsonia*, *pulsatilla*, *ippecac*, *zingiber*, *rheum*, *phosphorus*, *carbo vegetabilis*.

"To aid kidneys in removing waste and improve bladder, decreasing the various deposits found in pregnancy, use *mittella* and *tritium repens*, *stigmata maldis*, *thuja*, *agrimony*, *apocynum* with *sambucus*, *apis*, *strophanthus*, *eryngium*, *hydrangea*, *vesicaria communis*, *phos-*

phorus, eupatoreum purpureum, belladonna, gelsemium in small doses, oil of sassafras.

"To aid the heart in this condition and incidentally the foetal heart, use cactus, adonis, strophanthus, convallaria, veratrum viride, lobelia in minute doses, ammonium carbonate, lycopus, pulsatilla, glonoin, atropine sulphate if a brunette, strychnine sulphate, crataegus, nux vomica, arnica, aconite; also a combination of cactus, cornus, collinsonia and convallaria is useful to aid heart and system together.

"To aid the gravid uterus, preparing it to perform its function of evolution normally, overcome intra-uterine compression—a factor in congenital dislocation—aid foetal growth and maintain healthy muscular action, the physician will find valuable aid in viburnum opulus and prunifolium, senecio, black and blue cohoshes, hydrastis, aletris, arnica, helonias, ergot, dioscorea, ignatia, pulsatilla, tiger lily, zingiber, berberis, hyoscyamus, Jamaica dogwood, symplocarpus.

"In case of blood disorders, when discovered, treat constitutionally, paying strict attention to the bowels, using the saline laxatives, cascara or injections. Aid by mixture internally of sulphur and cream of tartar. The following remedies are effective, as alnus, iris, kalmia, corydalis, prickly-ash, sassafras, sarsaparilla, lappa, echinacea, sarra-cenia, phytolacca, thuja, stillingia, iodide of life, hydrargyrum iodidi rubrum granule 1-25, calcium sulphide, menispermum. These can be given singly or in combination, according to condition.

"For gonorrhoeal conditions, any of the remedies mentioned for kidney and urinary tract are useful and effective, to which add infusion or oil of sassafras, and flushing both bowels and bladder, the latter with hydrastis and also potassium permanganate. If in fear of cervical infection in early cases, douche with zinc sulphate and hydrastis or potassium permanganate gr. v to 2 quarts warm water to avoid dilation.

"For tuberculosis, fresh-air diet, olive oil, exercise, close attention to all organs, notably the glands, is important, as this disease is often masked. Glandular swellings may show early, especially on the neck. Paint at once with alnus rubra, and give a mixture internally, 10-drop doses, every four hours of iris 1-3, phytolacca 1-3 and alnus 1-3."

\* \* \* "These remedies singly or in combination, aided by hygienic exercise, fruit and vegetable diet, will, if the constitution can be rallied, help to prevent congenital deformity, and carry a foetus to a healthy termination, even if the uterus is not healthy, and the patient meet with shock, or other incidents."

5. Dr. Martin-King discusses the nature and etiology of cholelithiasis, describes gall-stones, reviews the symptoms, and gives her medicinal treatment, which is essentially as follows: The correction of constipation even to free copious bowel movements, podophyllin in small, as well as 2-grain doses, having done well in some cases. Better results have followed 2-grain doses of calomel, with

sodium bicarbonate every hour until ten grains are given. This is followed by magnesium citrate and repeated every 24 hours until 30 grains have been given. No food is allowed, but large quantities of water, preferably hot, in the form of lemonade, with seltzer or ginger ale as a change, is ordered. A gallon of lemonade should be drunk every day for a week. After the acute symptoms have subsided broths and milk may be given. Ten-minute hot baths with complete immersion should be given, or if impracticable, a hot antiphlogistine poultice over liver and gall bladder. Induce peristalsis by high flushing with cold or tepid salt solution, thus washing out the collected mucus. Pain is controlled by  $\frac{1}{4}$  grain doses of morphine subcutaneously, and bismuth subnitrate and cerium oxalate, each 3 grains, repeated in two hours if necessary, are administered as a gastric sedative. Treatment should be given after apparent recovery and the doctor advises calomel, sodium benzoate, and salol as of value in eliminating certain bacteria always present in this disease.

### The California Medical Journal.

Vol. XXVII, No. 4. April, 1906.

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|--|-----------------------------|
| 1. The Circulation, - - - - -                          | F. G. DESTONE.              |
| 2. Eclecticism in California, - - - - -                | W. W. WIMER.                |
| 3. Leprosy—Its Causes, Prevention, and Cure, - - - - - | THEODORE JUDSON<br>HIGGINS. |
| 4. Diagnosis, - - - - -                                | A. B. NELSON.               |
| 5. Loss of Blood in Confinement, - - - - -             | D. MACLEAN.                 |

1. Dr. DeStone looks upon the conclusions of a certain great physiologist as a "laughable play on words" when he attempts to explain the cause of the action of the heart, to know which we must know what life itself is. He presents conclusions of Landois, Schmitz, and the layman, John Bovee Dods, the first attributing the action to difference in pressure between the blood in the aorta on the one hand, and the vena cavæ and pulmonary veins on the other. Schmitz attributed it to sensation. Dods advanced the theory that all motive activity was due to electricity. Of the pioneer work of the latter, he says:

"In view of the amount of talk about the theories of Loeb and his colleagues, since his discovery that he can hatch sea urchins' eggs without their being fertilized, he has advanced practically the same theory advocated by Dods sixty years ago. Loeb claims that the motive force of a nerve resides in the central portion (the axis cylinder), and that this axis cylinder is charged with negative and positive electricity; so long as the positive electricity predominates



the nerve is in a jelly-like state, but when the negative element gets the upper hand, this central portion begins to coagulate, which, if it becomes complete, produces paralysis.

"Dods was not a scientist, therefore his statements could not be accepted by the professional gentlemen. Now, that it has come to us through 'regular' channels, we can dare to listen and not be ashamed. It is a strange thing that nearly all great discoveries are made by the so-called ignorant or unprofessional men. Emerson said: 'The world moves when God lets loose a thinker.' The people who think little, work out these theories of the pioneers of thought, and calmly take all the credit."

2. Dr. Wimer divides the Eclectics of California into three classes, to each of which he pays his respects, and declares that the State Board of Examiners is so constituted that but few Eclectics are permitted to pass the examination. Resort to the courts is useless as they have decided that the decision of the Board is final. He contends that the law should be so changed that all schools would have an equal representation and that no two of the schools could unite and outvote the third. He also urges loyalty to the California Eclectic Medical College and the Los Angeles Eclectic Polyclinic and the Eclectic journals.

3. Dr. Higgins, continuing his articles on leprosy, says of *jacaranda procera*:

"The symptoms or specific indications which are present are a marked enfeeblement of the mental faculties due to the excessive engorgement of the capillaries of the brain and the consequent pressure produced thereby upon the brain substance. This pressure upon the brain substance, and also upon the spinal cord and extra cranial ganglia generally, to a lesser degree is the chief factor in the production of the peculiar regional anæsthesia present in nearly every case of true leprosy. Those interested in this discussion will notice that we say nearly every case, and our reason for so saying is based upon the fact that occasionally a case develops in which (instead of an anæsthetic condition present) we have an excessive hyperæsthesia present as a result of the irritation produced by the aforesaid pressure. In these cases we use the specific *jacaranda procera* in from 5 to 15 minim doses thrice daily before meals, with a glassful of cold water, and specific gelsemium in 1 minim doses after meals and at bedtime, gradually increasing the dosage of the latter up to 5 minims per dose. The gelsemium quiets the irritability of the cerebral nervous system and assist materially in overcoming the capillary engorgement of the brain and cord, and also acts as a non-irritating and sedative diuretic, overcoming the irritability of the genito-urinary organs, and to a reasonable degree allaying the pernicious satyriasis which is always present during this phase of the disease expression, and which,

by the way, is one of the most prominent factors in the wasting of vital force in the majority of cases of phthisis pulmonalis, and which, curiously enough, the patient is very sensitive about, and will deliberately tell his physician is not the case, even when the physician can determine by microscopic examination of the urine beyond a reasonable doubt that satyriasis is present in the case. For the erratic and shooting pains which accompany this phase of the disease and for the peculiar creeping and darting sensations that almost craze the patient, we combine specific pulsatilla and cimicifuga racemosa with the gelsemium in the following proportions:  $\mathcal{R}$  Specific pulsatilla, m. xxx; specific cimicifuga, 3j; specific gelsemium, 3ij; aqua pura q. s.  $\mathfrak{z}$ iv. M. Sig. 3ss after each meal and at bedtime, followed by a part of a glass of hot water."

4. Of the usual quick methods of diagnosis, Dr. Nelson writes:

"The medical man presented with a case, proceeds to make his diagnosis—he looks for conditions present; physical demonstrations or signs are positive, but a man may feel many things that can not be found on physical examination. The urine is examined, the heart, the lungs; our conclusions are reached in a few moments, our diagnosis is made, our line of treatment is at once instituted, and the patient is at once under our care for treatment for relief, for cure. His condition has existed for years, our knowledge of his condition has existed for a few moments. This is the practice of medicine—a snapshot diagnosis—a ready relief, a quick cure, and still our patients (some of them) live and move and have their being; for such is the practice of the healing art—was ever thus since boyhood's happy hours."

5. Dr. Maclean estimates the loss of blood in confinement without reaching the danger line as follows:

"How much blood can a woman lose without reaching the danger-line? How much blood does a woman ordinarily lose in a normal confinement? These are questions worthy of consideration. They are questions, however, which can not be decided off-hand. There is no general rule that can be followed. The strong, full-blooded can lose a quantity of blood that would be fatal in the weak and anæmic. It is estimated that the amount of blood bears a ratio of one-thirteenth to the weight of the individual, but that it is somewhat increased during pregnancy. A person weighing one hundred and thirty pounds, the blood would weigh ten pounds, but in pregnancy the weight might be eleven or twelve pounds. The average loss in the ordinary confinement is less than one pound (one pint.) Multiparæ lose more blood than primiparæ. As a rule the loss of blood depends on the size of the child. Children increase in size to the third or fourth, or over the fifth; so that the loss increases with each child up to that number. The loss of thirty-two ounces (two pints) is not alarming in a vigorous, healthy woman, but would be in a weakling.

The danger-line is manifested by pallor, cold extremities, cold sweat, rapid, small pulse, yawning, thirst, gasping for breath (air hunger), dizziness, faintness, and anxiety of countenance."

### Modern Eclecticism.

Vol. II, No. 5. April, 1906.

- |   |                      |
|---|----------------------|
| 1. Mercury-Calomel, - - - - -                       | ANDREW J. MANN.      |
| 2. La Grippe, - - - - -                             | J. M. F. BARRON.     |
| 3. North Texas Eclectic Medical Association, - - -  | H. H. BLANKMEYER.    |
| 4. Determination of Sex, - - - - -                  | S. B. MUNN.          |
| 5. Leptandra, - - - - -                             | JOHN ALBERT BURNETT. |
| 6. The Relation the Uterus Bears to the Mind, - - - | J. MAC WHEELER.      |
| 7. Intrauterine Medication, - - - - -               | C. WOODWARD.         |

1. Dr. Mann recalls the oft-repeated charge that Eclectics do not use mercury on pain of losing their professional standing. The abuse, not the use, of mercury is proscribed in Eclectic teaching. Dr. Mann believes that it should be studied chiefly with reference to the gastrointestinal tract. It removes toxic material and opens the way for curative remedies. It should not be given during fevers to persons of hemorrhagic diathesis, for it favors intestinal and renal hemorrhage. He believes it a good remedy when used according to the following indications: "In fractional doses when the tongue has a transparent coat, where the stools are white or cholic and fetid; when a gastric sedative is needed and sometimes as an anthelmintic."

2. Dr. Barron's treatment of la grippe may be summed up as follows, giving the remedies named according to their well-known indications. First unload the bowels, using castor oil, Epsom salts, or podophyllin and leptandrin; for fever, aconite or veratrum; for pain, fluid extract of lactucarium, or quinine sulphate, or Dover's powder and capsicum; for weak heart and general debility, strychnine sulphate; if pneumonia or pleurisy develops, serpentaria and asclepias with bryonia; if nausea and vomiting, nux and ingluvin are employed. The specific medicines are to be used and the coal-tar products tabooed.

3. Dr. Blankmeyer's paper is a facetious address delivered before the North Texas Eclectic Medical Association.

4. Dr. Munn's contribution is intended to add to the already bewildering subject of determination of sex. The doctor lends support to the belief that lying upon the left side immediately after coition would produce a girl, and on the right side a boy. He cites cases occurring in his practice and refers to certain scientific investigations made in France in support of his position.

5. Dr. Burnett reviews the subject of the pharmacology and therapy of leptandra, drawing his material from Eclectic, physio-medical, regular, and alkalometric sources. Nothing of value is added to what is already known concerning the subject. He revives an old-time infusion once much used for all febrile complaints. It was prepared from equal parts of podophyllum, leptandra, apocynum, symplocarpus, xanthoxylum (berries), lobelia (leaf), asclepias, and cypripedium.

6. Dr. Wheeler's paper intimates that where there is a diseased condition of the womb causing pressure upon the third and fourth sacral nerves, there will be found reflex neural trouble.

7. Dr. Woodward reports a case in support of his practice of intrauterine medication wherein a young woman of seventeen who had contracted a cold, suffered from suppression of the menses, the retained product decomposing and causing endometritis. Rheumatism in right hip-joint resulted from poisonous absorption and the intra-uterine reflex resulted in sciatica. This condition finally resulted in morbus coxarius, with two-inch shortening of the limb. Three physicians treated her for seven months and succeeded in controlling the inflammation in the hip and pain in knee, but failed to relieve the sciatica. The uterine involvement was entirely overlooked. Vaginal examination revealed a catarrhal endometritis. Dr. Woodward describes the symptoms and his treatment as follows:

"Temperature of  $101\frac{1}{2}^{\circ}$ ; tongue lightly coated white; skin dry, harsh and anemic; bowels permanently constipated and extremely sensitive, exhibiting hypersecretion or a catarrhal condition.

"*Treatment.*—Her bowels were stimulated to action and the hypersecretion and sensitiveness controlled by the following remedies:

"R Infusion of Alexandria senna,  $\mathfrak{z}\text{ij}$ ; distillate of hamamelis,  $\mathfrak{z}\text{ss}$ ; glycerine,  $\mathfrak{z}\text{ss}$ ; rye whiskey,  $\mathfrak{z}\text{j}$ . Misce. Signa. Two teaspoonfuls in a glass of cold water before breakfast every morning. The circulation and secretion was restored to the skin by thoroughly applying, twice a week, after bathing, the following: Tinct. capsicum, one drachm, mixed with olive oil, two ounces. The uterus was washed out every third day with a 25 per cent solution of peroxide of hydrogen, alternated with a 4 per cent solution of antiseptic. It was swabbed at every second treatment with camphorated phenol, the debris being immediately removed by the peroxide and antiseptic solutions, and a wool pledget, saturated with glycerine 3 parts, distilled hamamelis 2 parts, specific belladonna  $\mathfrak{z}\text{ss}$ , was then inserted. These treatments removed the septic material, prevented absorptions, controlled the inflammation and intra-uterine irritation, thereby interrupting reflex action and causing the sciatic pain to cease after the second cleansing out of

the uterus. In one week she began to walk with the aid of a crutch—a cripple for life, because she had not obtained the benefit of intra-uterine medication early enough to prevent the absorption of poisons which resulted in a deposit of plastic exudation. This experience demonstrates the value of practicing this simple method of washing out the uterus, and that it is not only painless, but absolutely harmless, whenever the instruments used are small enough and the quantity of liquid introduced corresponds with the small size of the cavity to be cleaned."

Vol. II, No. 6. May, 1906.

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|---|----------------------|
| 1. Anti-malarial Remedies, - - - - -                              | JOHN ALBERT BURNETT. |
| 2. Hydropathic Treatment of Acute Articular Rheumatism, - - - - - | S. B. LEE.           |
| 3. Puerperal Infection—A Case in Practice, - - - - -              | J. H. GOSS.          |
| 4. Dessicated Thyroids in Amenorrhoea, - - - - -                  | REBECCA C. BRANNON.  |
| 5. The Medical Student, - - - - -                                 | G. WM. W. CARRELL.   |
| 6. The Two Conditions, - - - - -                                  | C. D. R. KIRK.       |

1. Dr. Burnett discusses a great variety of remedies for malaria. That which he considers the most reliable antiperiodic is the following:

"℞ Specific gentian; specific hydrastis, aa, 3iv; specific cascara, 3ij; salicin, gr. xx; tinct. myrrh comp., 3j; simple syrup, ʒviij. M Sig. To keep off a chill, give one drachm every hour until six to ten doses are taken, beginning so the last dose will come one or two hours before the chill is due."

2. Dr. Lee outlines his practice (hydropathic) in the treatment of acute articular rheumatism as follows:

"Treatment—I give them a hot, wet blanket pack daily for just as long a period as can be borne without injury. This is usually given in the afternoon, while in the early forenoon they are given a hot sitz bath for fifteen to thirty minutes, followed by a cold or cool sitz bath from one-third to five minutes, or by a cool or cold shower bath or douche from a few seconds to one minute. Wash out the bowels daily for awhile with four quarts of warm water, thereafter as often as I think it necessary. I have them drink freely of soft water or water that has been boiled and left in the air until cool enough to drink, also the juice from sound, ripe fruit, as apple cider, lemon water, grape juice, etc. For the pains I use alternate hot and cold douches, hot blanket packs, followed by cold compresses, hot fomentations followed by cold douches and massage. I use fomentations over the stomach, bowels, liver and kidneys three and four times a week, followed by cold compresses and massage to aid their action.

"I have the patient to sleep in a well-ventilated room, and as soon as he is able I have him exercise all he can, without injury, in the open air, outdoors or on the verandas. I have them take breathing exercise five or six times every day by standing erect, in the open air, with hands on their hips, shoulders slightly backward, then inhale

as much fresh air as possible into the lungs and air passages and retain it for a few seconds, then with a strong effort force it out slowly between the teeth. They do this three or four times for one exercise. I have them sit out where the sun can shine on them, for a few minutes two or three times a day, in good weather.

*"Diet.*—I have them avoid meat, alcoholic drinks, tea, coffee, rich foods and tobacco. I have them eat principally fruits and grains. I allow them to eat freely of good, sound ripe fruit, either raw or cooked; also such grains as rice, cracked wheat, cracked oats, oatmeal and grits, graham bread, eggs and nuts. I allow them to eat only twice in the twenty-four hours, and request them to masticate well all food eaten. I do not allow them to drink any fluid while eating. When using a liquid food I have them make the whole meal of liquid, and if a solid food is used I have them make the whole meal of solid food."

3. Dr. Goss relates the history of a remarkable case of puerperal septicæmia in which a pint of offensive pus was drawn from the uterus. The patient had all the intense infection symptoms common to these cases in the highest degree. Prompt cleansing of the uterine cavity with 1 to 3000 hot bichloride solution was followed by applying a large pledget of cotton saturated with ichthyol 1 part, glycerin 2 parts, to hasten involution and to promote drainage. Internally, for the septic condition, the following was given:  $\mathcal{R}$  Specific echinacea,  $\mathfrak{z}\text{j}$ ; specific belladonna, gtt. x; water q. s.,  $\mathfrak{z}\text{iv}$ . Mix. Sig. One teaspoonful every three hours. As a germicide to promote diaphoresis and to contract the womb, the following:  $\mathcal{R}$  Quinine bisulphate,  $\mathfrak{z}\text{ss}$ ; camphor, grs. xx; Dover's powder, grs. xx; strychnine, 12 1-40 grain tablets. Mix. Ft. caps. No. 12. Sig. One capsule every three hours. As a diuretic and heart tonic:  $\mathcal{R}$  Specific apocynum,  $\mathfrak{z}\text{ss}$ ; specific apis,  $\mathfrak{z}\text{ss}$ ; lithia water q. s.,  $\mathfrak{z}\text{iv}$ . Mix. Sig. Teaspoonful t. i. d. Bowden lithia water was given to drink and compound elixir of bromides (P. D. & Co.) gave rest. To control fever she was frequently sponged with  $\mathcal{R}$  Aconite,  $\mathfrak{z}\text{j}$ ; alcohol, Oj; aqua, Oij. Case improved promptly, but after third day a chill occurred followed by a severe case of phlegmasia alba dolens. The vagina was now too tender for local uterine treatment. The entire limb was moistened with the following liniment:  $\mathcal{R}$  Specific accnite,  $\mathfrak{z}\text{ss}$ ; alcohol q. s.,  $\mathfrak{z}\text{iv}$ . The limb was then coated with libradol and encased in cotton and a roller bandage. This quickly reduced the swelling when the uterus was again washed out and the patient made a rapid recovery.

4. Dr. Brannon cites a case of general inflammatory involvement of the whole female genital apparatus of several years' stand-

ing in which she accomplished a cure chiefly through the use of thyroid extract.

6. Dr. Kirk says every Eclectic should be able to recognize and treat two conditions—atony and excitation. Atony is shown by fullness of tissue—an easy, sleepy, lazy, condition—a lack of stimulation; the tongue is broad and full and everything needs awakening. Podophyllin, calomel, etc., are the remedies. If the tongue is white alkaline diuretics, of which potassium acetate is the best. The case with dilated pupils, sluggish circulation, pallor, and a tendency to stupor, should get specific belladonna. To excite glandular action a combination advised by Dr. Joseph Adolphus can not be excelled. It fits every case of atony. It is composed of equal parts of hydrastis, menispermum, alnus rubrum, podophyllum, and euonymus. To this may be added acetate or iodide of potash or other remedies. Anodynes are not needed in atony. Excitation is shown by contracted tissues, drawn up, tense, unyielding. Stimulants should be omitted, or modified with anodynes. For chronic cases with excitation, pills or tablets of the following are superior to other medicines.  $\mathcal{R}$  Pulv. asafetida, bismuth subnitrate, grs.  $2\frac{1}{2}$ ; extract of hyoscyamus, gr.  $\frac{1}{2}$ ; extract of nux vomica, gr.  $\frac{1}{4}$ ; podophyllin, gr. 1-20. This makes a five-grain tablet, which is to be given after each meal. Acids should be given if indicated.

### The Los Angeles Journal of Eclectic Medicine.

Vol. III, No. 4. April, 1906.

1. Some of the Ideas and Theories of Drug Action  
(Continued), - - - - - W. F. BEST.
2. Capsicum, - - - - - JOHN ALBERT BURNETT.
3. The Meteorite Mountain of Arizona, - - - - - J. A. MUNK.
4. Examination Questions of California State Board of  
Medical Examiners, - - - - -

1. Dr. Best's paper is a continuation of his excellent studies in the philosophy of therapeutics, and this chapter includes the views of many celebrated therapeutists on the theories of drug action. The paper should be read in full.

2. Dr. Burnett gives a collection of opinions from several published sources on the value of capsicum as a stimulant and as an aid in increasing the action of antiperiodics.

3. Dr. Munk's paper is, with a few minor changes, a chapter from his splendid "Arizona Sketches," a book that reflects honor upon the name Eclecticism, for the author is one of the most talented physicians and scholars of our school.

# PUBLISHERS' DEPARTMENT.

JOHN URI LLOYD, PHAR. M., EDITOR.

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## CONCERNING STIMULANTS. (No. III.) (WHISKEY.)

(BY THE DEPARTMENT EDITOR.)

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**Stimulants Defined.**—In its general sense the term “stimulant” refers to “an agent which temporarily quickens some functional or trophic process.”—*Cent. Dict.* Thus any excitant of the nerves, such as ammonia, alcohol, ether, warmth, cold, light, electricity, music, is a *stimulant*. Even joy, hope, and such emotions as raise the spirits are included in the list. The prick of a thorn, the sting of the skin touched by a nettle, stimulate action. There are organ stimulants that affect a part only, and there are vital stimulants that influence the body as a whole, rousing it to vigorous action. Many persons misapprehend the limitations of the term “stimulant,” thinking only of substances that intoxicate, through abuse.

**Intoxicants.**—If this class of stimulants be taken in excess, the indulging person becomes affected by a sense of elation or exhilaration, which may pass into unreasonable enthusiasm, unbridled imagination, or even into frenzy. Or, he may become stupefied, and sink into the physical debasement of a “drunken” sleep. There are many phases of intoxication, ranging from pleasant mental elation or delightful hallucination to delusion, and from thence to the wildness of maniacal delirium. There is also a purely physical intoxication, ranging from a pleasurable tingling of the nerves of the extremities to a deadening of acute sensation, followed by a loss of voluntary motion, and the helplessness of drunkenness. These various conditions of quickened mental action or deadened sensibility may follow one another, or intrude the one into the other, but the final result of complete intoxication is either pitiable helplessness, sordid despondency, or frightful frenzy. A close relationship exists between the influences exerted by this class of stimulants and those of certain narcotics, a phase of the subject, how-



ever, that, for want of space, can not be discussed in this paper. Between tea or coffee used to excess, and the stupefaction of sulphuric ether, lies a chain of stimulants and narcotics that, properly used, are invaluable tonics, foods, stimulants, and medicines, but improperly employed, are injurious to humanity. The slave of the drug cocaine is, in our opinion, more depraved than him who becomes a subject to whiskey. Morphine is a mightier master than any form of alcohol.

Chief among the intoxicating stimulants used in America stands alcohol, in its various combinations. To this one stimulant, and some of the problems connected therewith, we shall necessarily confine ourselves in this paper, for were we to attempt to consider the numberless alcoholic drinks, a volume would be required. Between hashish, which is a combination of narcotic drugs and strong alcohol, and root-beer, which is a combination of aromatic herbs and a moderate amount of alcohol, there is a mighty chain of alcoholic links. Let us then turn our attention to the one overwhelmingly American beverage that is highly alcoholic, whiskey.<sup>1</sup>

**Whiskey.**—The word "whiskey," though familiar to every one, is comparatively meaningless if by the term "*whiskey*," anything of a definite composition or of a standard quality is intended. It is "an ardent spirit, distilled chiefly from grain."—*Cent. Dict.* But its very origin is indefinite, since it may be made from wheat, rye, potatoes, or corn, good, sour, mouldy, or sprouted, and still be whiskey.<sup>2</sup> Its method of preparation adds to this uncertainty, for the "mash" may be "sour" or "sweet," thin or thick; the sulphurous acid or the pressure process may be used in its production, likewise rapid or slow natural fermentation, all of which induce varying qualities of product, and result in untold bi-products.<sup>3</sup> The yeast employed may be of one race of ferments or of another, or may be a mixture of yeast races, thus imparting varying flavors to the prod-

<sup>1</sup> The Internal Revenue Reports show that the liquors consumed in the United States, for the fiscal year ending June, 1905, were: Bourbon, 12,657,000 gallons; Rye, 11,086,405 gallons; Rum, 895,000 gallons; Gin, 2,065,000 gallons; Cologne Spirits and Distilled Spirits (used by Compounders), 57,167,158 gallons; Miscellaneous, 18,558,522 gallons; Alcohol, 10,570,735 gallons; Total, 112,949,816 gallons.

<sup>2</sup> And even here an erroneous impression arises from such uncertainties as this whiskey industry presents. For example, the persons who believe that "Old Rye" is necessarily made from rye grain only, are akin to those who think the word "Bourbon" relates to an intrinsic or fixed quality of the liquor in the bottle beneath the label.

<sup>3</sup> Said one distiller who came to consult the writer regarding a difficulty in the sulphur process, "The whiskey eats up my brass stopcocks and corrodes my copper distillery apparatus."

uct of distillation. Likewise the water employed in the process carries an unwritten quality that influences the product, if the opinion of "experts"<sup>4</sup> is to be taken as evidence.<sup>5</sup> If the whiskey be caught at the beginning of the process of distillation, it differs in composition from that caught toward the end of "the run." If distillation be fast, it produces a different kind of whiskey from the same charge run slowly. It may contain much or little fusel oil, which is in itself a mixture dependent on many factors.<sup>6</sup> It may or may not contain considerable acetic ether and aldehyde, or little, and yet be whiskey. The smell of "still-slop" (spent "mash"), an odor influenced by the qualities of the grain used as well as by the kind of grain employed, may be scarcely apparent, or it may be very distinct. If the grain be fresh and clean, the rankness of the slop odor is less pronounced than though the grain be mouldy, sour, or sprouted.<sup>7</sup> If whiskey be long kept in new barrels (aged), it becomes loaded with tannins and wood flavors. If, as is usual, it be aged in burned barrels, it becomes contaminated (colored red) with burnt tannin and burnt wood sugars, besides absorbing other soluble empyreumatic wood products. If it be new, it contains substances that by age are reputed to partly disappear, possibly by oxidation or other influences of aging in wood, possibly, if the barrels be charred, by absorption of harmful constituents, such as fusel oil and rank, unclassified odors.<sup>8</sup> If the whiskey be a "compounded" article it is likely to be colored artificially by intentionally added burnt sugar, which is, however, a harmless sophisticant, preferable, in our opinion, to the color imparted by whiskey aged in burnt barrels. Taken in its fullest and fairest sense, because of all these facts and others unmentioned, the term "whiskey" is not ca-

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<sup>4</sup>An "expert" is purely arbitrary. One man (so-called expert) may prefer the delicate aroma of a distillate carrying minute amounts of ethers and grain flavors, another may fancy the coarse taste of fusel oil which actually covers these finer qualities, while another may prefer the sourness of much still-slop flavor. We do not overly value the opinion of "whiskey experts."

<sup>5</sup>The late Judge J. Soule Smith, of Lexington, Ky., argued that no whiskey made of water obtained outside a certain rock formation in Kentucky, possessed the qualities of that particular product.

<sup>6</sup>Fusel oil contains Propyl alcohol, Normal Butyl alcohol, Isobutyl alcohol, and Amyl alcohol, in varying proportions.

<sup>7</sup>In our opinion, some whiskey drinkers prefer whiskey very rank with this slop flavor, much as some coffee drinkers value the rankness of Rio coffee.

<sup>8</sup>We question the separation of fusel oil by selective affinity of charred wood. In our opinion, one of the results of aging whiskey is the contaminating of it by wood extractives and empyreumatic products, and the *resting* process whereby unknown balanced combinations likened to physical chemical compounds result. It is a smoothness of the blending of time.

pable of scientific definition, a fact illustrated by the numberless brands on the market, each asserted to contain unmentioned and undefinable mysterious qualities, that in the maker's opinion make that one brand better than all others.

If there be a substance that in its entirety is neither understood by its makers, its handlers, or its consumers, that substance, in our opinion, is the material sold under the name *Whiskey*. Its method of preparation is typical of empiricism, its process of rectification varies with each manipulator's whim, its concocted forms, "Compounded Whiskies" are formulated as the mixer wishes them, from diluted alcohol flavored with harmless spices, aromatics, and ethers, —and colored by various agents, ranging from harmless burnt sugar, to fusel oil or creosote mixed with prune juice, fruit essences, and impure alcohol. It is all included under the name "Whiskey," some bad and others worse, some good and others better, for no explainable reason. Possibly, too, that which has the best commercial reputation may be shown on fractional analysis to contain the largest proportion of unclassified or unmentioned impurities.

**Definition.**—A possible definition of the word whiskey would be, that it is an empirical alcoholic liquid, of a complex structural composition. Its flavor depends on contaminating products of varying compositions, known or unknown, some harmful and some harmless, as derived from the mash, the water,<sup>9</sup> the manipulative process, and the containers. These impurities, whether they be added or distillate associates, together with the charm of mystery, the enticement of an established trade mark name, and the traditional idea of aging, govern the price and influence the judgment of those who purchase or use whiskey.

**The Kentucky Distillery.**—In the writer's boyhood, "The Mill" meant, to us, the distillery of Petersburg, Boone County, Kentucky, owned by a charming old gentleman, "Uncle Billy Snider." Nearly every person in this, our home village, made his living out of the whiskey industry. "The Mill" paid the farmer directly for his corn, it indirectly maintained the teacher, the storekeeper, and the preacher. Whiskey was almost as free as water, but neither dissipation nor drunkenness were seemingly increased among us by this fact. The art of making whiskey was familiar to every one, as has

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<sup>9</sup> Some years ago we read of an injunction issued by a European manufacturer of a famous liquor, to prevent the city draining a pond that had been condemned as unhealthful. The claim of the liquor company was that this pond-water alone could be used to make their celebrated drink.

been said, for all the village people either worked in the Distillery or lived by some connection with the whiskey industry. In "The Mill," as a boy, in the early sixties, "picking cobs," our first business efforts were spent. From its very start to the finish of the process, the method of whiskey-making came thus unconsciously into our education. It was our first lesson in chemistry, for whiskey-making is a complex chemical process. Possibly the impression left by our youthful environment leads us to believe that this industry should be classed with both the legitimate business, and the responsible duty of those who make and handle stimulants and narcotics, a business that in its every point should, we believe, be safeguarded by the same legal restrictions and moral oversight that applies to persons concerned in any business enterprise that concerns useful products capable of self-abuse.

**The Whiskey Process of the Olden Time.**—In those days, the grain (mostly corn) was ground, then the meal was run into the mash tubs where it was mixed with water and heated with steam. To the resultant magma at the proper temperature ground malt was added, which at once liquified the mash, changing the starch into maltose, and dextrose.<sup>10</sup> This (the mash) was now run into vats, yeast was added, and fermentation conducted until the converted starch became alcohol. The fermented mixture, called beer, was then drawn into great stills and heated to distillation; the distillate between certain specific gravities being known as "high wines" or raw *whiskey*. The whiskey was mostly sold "raw," but portions of it were refined or "aged" at the distillery, and then sold as "Bourbon Whiskey." Nobody knew what, outside the alcohol, was in any of it, and nobody cared. But, be it said, nothing was ever added to the "Snider Whiskey," that did not result from the process of grain fermentation, the same being true of the products of the other Kentucky distilleries.

**The Problem of Fair Whiskey.**—As we turn to works of authority, we find, that, as may be presumed, and as has been stated, "Whiskey" is so indefinite a substance as to permit of no comprehensive structural definition. The main attempt made by the Pharmacopœia of the United States is to limit its alcoholic percentage to between 44 and 55 per cent by volume, and to give simple tests that indicate the limit of fusel oil, tannin, and added sugar

<sup>10</sup> This but partly gives the reaction, which includes a complex process and many bi-products. Sometimes the term "glucose" is used to cover the mixture of sweets that results from diastatic action.

or aromatics. As concerns the qualities that impart its taste or its odor, such as the natural ethers, the slop-smell, the blenders, and the "beaders,"<sup>11</sup> be they natural or added, which taken as a whole, dominate the flavor of whiskey, the Pharmacopoeia is wisely silent.

The dictionaries do not intelligently define whiskey, nor can they. The people with whom we converse, those who make whiskey as well as those who handle it, are ignorant concerning its inherent constituents. The fact is, there is no standard of structural composition. The Kentucky distiller is presumed to know his business, and he candidly tells you, "I put the grain through a certain process, and what I get out of the mash by distillation, I call 'whiskey.'" Ask him what is in it, and notwithstanding his earnest and honest claims for his product, and his belief in its excellence, excepting the alcohol, and the fact that more or less fusel oil is always present, he does not know. Ask the question of the man who purchases whiskey, and you will get a not more intelligent answer. Go to the Internal Revenue Department of the United States Government, and you will find that no value whatever is placed on any constituent of whiskey, other than its alcoholic percentage.

**Bottled in Bond.**—But it may be asked, "Does not the Government guarantee the quality of whiskey, that, under the auspices of the United States Government, is 'Bottled in Bond?'" To this we would reply that, as we understand the subject, the Government guarantees no *quality* whatever. It simply says, "This alcoholic liquid, whatever it may be, labeled whiskey, was bottled from a barrel that passed into our possession when it came from the still, and did not go out of the Government warehouse before it was bottled and sealed. Outside of the alcohol we do not know what is in the mixture of alcohol and water that came from the still, nor do we guarantee anything concerning the product, other than that it was distilled at a certain date, has not been artificially compounded, has a standard alcoholic value, and was held in our possession until it was bottled." In furtherance of its attempt to preserve the authenticity of these "bottled in bond" whiskies, a heavy penalty is attached to the dispensing of a spurious liquor (regardless of its value) from a refilled bottle, and a penalty is also attached for refilling a bottle that has been emptied. A "bottled in

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<sup>11</sup> Artificial beaders are made by treating olive oil with sulphuric acid.

bond" whiskey may be authentic in every way, and yet be either very excellent whiskey, or very vile stuff.

**Rectifiers and Compounders.**—Then the seeker after knowledge asks, "Are there not persons who conduct their business under the auspices of the Government, and who are privileged to *compound* or *rectify* and then bottle whiskey?" The answer is, Yes. These people are known as "Rectifiers and Compounders." "What is it they sell under the name 'Whiskey?'" is next asked. Wise, indeed, must be the man who can answer this question. The Government assumes no responsibility as concerns its quality. The compounder pays a license for the privilege of rectifying commercial whiskey, or of flavoring diluted alcohol and coloring it with whatsoever may be selected, or of mixing together different qualities of whiskey, providing *no* misstatement is made concerning its age and origin. For that license they pay a goodly sum, which, if they make a true statement of fact, is the Government's sole interest in the matter. The mixers have the privilege of bottling their "compounded" liquors and selling them under the name "whiskey." Possibly, however, since they mix well-known artificial flavors with spirit, provided they use purified diluted alcohol as a basis, and not raw whiskey, they know more about the composition of the contents of their bottles than do the distillers who bottle whatever comes from the still.

**Calling the Kettle Black.**—These thoughts lead one who has considered the whiskey problem, perhaps superficially only, but yet perhaps sufficiently, when the distiller cries out berating the whiskey of the compounder, and when the compounder cries back again berating the whiskey of the distiller, to infer that before a man should be influenced by either, he should think of the old adage, wherein the "pot calls the kettle black." Either party may supply a preparation harmless or harmful, so far as the influence of the non-alcoholic constituents is concerned. Both can supply a whiskey that, aside from its alcohol, carries nothing more objectionable than the ethers that impart its aroma, and the coloring matters, such as burnt sugar and burnt wood juices used for this purpose, for all whiskey that comes from the still is as colorless as distilled water.

**The Whiskey Problem.**—As long as whiskey is prescribed by physicians; is a pharmacopœial preparation; is demanded by good citizens who are temperate people; is surreptitiously sought in pro-

hibition communities by individuals who are too often imposed on by reason of the execrable outlawed products they get under such circumstances; as long as the industry is recognized by the Government and liquor is made under its auspices, whiskey is a commercial product, and in some guise or form will be sold to the people. It should, therefore, in our opinion, not only be classed with remedial and useful stimulants, but also with the food products and the dangerous poisons. Its sale should, consequently, be controlled and safeguarded, both as concerns its quality and its distribution, and if possible, its sale should be taken altogether from the hands of irresponsible citizens.

**Those Who Use Whiskey.**—Among our best citizens are those who believe in the regular and temperate use of whiskey; others, also perfectly temperate, find it in moderation an easily digested, warmth producing food; others consider it a helpful medicine or needful stimulant, and others carry its abuse to intoxication, whilst its excessive misuse results in death as by an active poison. It is not in our province in this article to discuss the ethical side of the whiskey problem in these several relationships. And yet we can not close without saying that, in our opinion, pharmacists with liquor licenses are not always as watchful as they should be, as concerns either the quality of the whiskey they handle, or its critical distribution. When whiskey is legitimately called for in a drug store that of exceptional quality only should be used. It may be intended as a necessary tonic for an aged person, a slight stimulant for a feeble child, an easily digested food where heat is desired with the least digestive exertion, or to supply a chronic drinker in the physician's hands with a stimulant his flickering heart, by habit, demands. In any case, the pharmacist who is indifferent to his responsibilities and knowingly supplies a fictitious or crude product, abuses a sacred trust. We think we speak advisedly concerning the necessity for the strictest care in this direction, for, aside from our experience in an active life of exceptional experiences, it has been our recent duty to analyze a large number of commercial whiskeys, and we believe the impurities separated therefrom would disturb even a professional whiskey drinker, could he see this foreign stuff apart from his daily beverage. Every ounce of whiskey that goes into medicine should, we are convinced, be freed from both its excess of fusel oil, its barrel imparted products, and its crude slop flavor. With this object, if it be a natural distillate, it

should be carefully *refined*, regardless of its maker's name or its age, for, be it said, aging in barrels will not make a dirty whiskey clean, but, on the other hand, may make clean spirit dirty. It should, if it be natural whiskey, carry only the natural ethereal products of the process of grain distillation, and in our opinion, if colored at all should be tinted with pure burnt sugar rather than with such other coloring substances, as the burned oak of charred barrels.<sup>12</sup> We reiterate that, in the interest of justice and morality, under heavy penalty for misuse of such privilege, the sale of whiskey should be restricted to the most responsible of temperance people, instead of being licensed, regardlessly, to the immoral, ignorant, or dangerous classes, or to say the least, to those too often among the most irresponsible of commercial tradesmen. The distribution and refining of whiskey may be a distasteful duty, because of the odium its long continued abuse has brought, and yet, we believe discriminative care is as much a responsibility to those in whose province it comes as a duty, as is the refining and the safeguarding of narcotic drugs, in which possible abuses are also serious, and personal distribution fully as distasteful.

**To Sum Up.**—Whiskey is a stimulant, a food, a medicine, a tonic, a beverage, and a poison. It should be clean, free from unpleasant and harmful impurities, and under temperate restrictions, always sold under its proper name. No unclean whiskey, no poisonous mixtures of alcohol and energetic drugs,<sup>13</sup> no whiskey subterfuges under misleading names, should be distributed anywhere, by anyone, to anyone. No deception, no duplicity, no misstatements concerning it should be allowed anywhere. If it be a true distillate it should be so labeled. If it be compounded it should be exactly defined. If it be rectified or otherwise purified, it should be plainly stated on the label in what the process consisted. Whoever deals in it should call it whiskey, whoever uses it should know that it is whiskey. Its sale and its use should be restricted to responsible, law-abiding, temperate people, and we believe it to be the duty of such as are face to face with the problem, to accept the responsibility in its broadest sense, and in its fairest aspect.

<sup>12</sup> It is generally believed that the coloring matter affects the eye only. In our opinion it adds a touch of aroma and flavor that is not possessed by "white whiskey."

<sup>13</sup> Among the published formulas for compounding whiskey we observe the use of sulphuric acid, olive oil, creosote, fusel oil, prune juice, and other substances that (excepting fusel oil which is present in about 0.3 per cent) have no place in natural whiskey.



## CONCERNING BOOKS.

By H. W. FELTER, M. D.

A book that should be generally well received, not only by the specialist but by the general practitioner who makes any pretension to the diagnosis and surgical treatment of diseases of the ear, has just appeared, from the pens of two eminent authors, one from Harvard, the other from Johns Hopkins. It is titled "Operative Otology—Surgical Pathology and Treatment of Diseases of the Ear," by Clarence John Blake, M. D., Professor of Otology in Harvard University, and Henry Ottridge Reik, M. D., Associate in Ophthalmology and Otology in Johns Hopkins University. (Pp. 359; plates, 13; text illustrations, 40. Cloth. Price, \$3.50 net. D. Appleton & Co., New York and London. 1906.) This work is largely a record of personal experience and has been framed to meet those needs in otology upon which questions are most frequently asked. It is nevertheless essentially a surgical treatise, in which the structural descriptions have been limited to those of surgical importance, and the pathology is well and fully presented. The field is best covered in the following synopsis of contents: "The work begins with a chapter on 'Surgical Anatomy of the Temporal Bone and Adnexa,' following which is a chapter on 'Aseptic Technique;' Chapter III, 'Diseases of the Auricle and External Auditory Canal;' Chapter IV, 'Diseases of the Tympanic Membrane and Tympanum;' Chapter V, 'The Possible Complications and Consequences of Suppurative Otitis Media;' Chapter VI, 'Middle-ear Operations;' Chapter VII, 'Mastoid Operations;' Chapter VIII, 'Adventitious Aural Surgery.' This chapter treats of a considerable number of operations, which, though not strictly a part of Otology, are, however, necessarily connected with this work—Adenoids: Their effect upon the organ of hearing; Adenoid-ectomy: Subcutaneous and intravenous infusions; lumbar puncture. At the end of the work is an appendix which will be found most interesting. The appendix presents detailed information. 1. The value of early paracentesis of the tympanic membrane in acute suppurative otitis media. 2. Statistics of house patients treated in the hospital for a period of six months. 3. Description of the algesimeter, an instrument for estimating the degree of mastoid tenderness. 4. The localizing symptoms of brain abscess. An article especially prepared for this work by Dr. George Arthur Waterman, of Boston. 5. Kelper's chart of the clinical symptoms of disease in the mastoid process and adjacent structures. 6. Removal of the stapes for the relief of aural vertigo. 7. Hearing tests as an aid in locating intratympanic lesions. 8. Surgical exploration of the labyrinth after the method of Julian Bourguet."—Another very valuable work covering the general field of otology, rhinology, and laryngology, is "Manual of Diseases of the Ear, Nose, and Throat," by John Johnson Kyle, B. S., M. D., Clinical Professor of the above subjects in the Medical College of Indiana (Medical Department of Purdue University). (Flexible leather, pp. 594; illustrations, 160. Price, \$3.00. P. Blakiston's Son & Co., 1012 Walnut Street,

Philadelphia, Pa. 1906.) This exquisitely gotten-up volume, bound in flexible soft leather with gold edges, presents in clear and direct style that which the graduate should know of these allied topics. The larger standard works and the special journals have been laid under tribute with the result that the author has produced a most excellent volume, replete with the best and most recent methods and treatment of diseases of the structures considered. The splendid illustrations contribute no little to the value of the work.—“*The Health-Care of the Baby*,” by Louis Fischer, M. D. (Pp. 144. Cloth. 12mo. Price 75 cents, by mail 82 cents. Funk & Wagnalls Company, New York and London. 1906), is the title of a small, but excellent, handbook for mothers and nurses. We predict that it will find its way into the homes of hundreds of young mothers when physicians see it and recognize its worth. It is plainly written and sensible, and will smooth the pathway of life for many a little one. Every physician should own a copy and read it from cover to cover.—“*The Proceedings of the American Forest Congress*,” held at Washington, D. C., 1905, under the auspices of the American Forestry Association (Pp. 474. H. M. Suter Publishing Company, Washington, D. C., 1905), consists of valuable addresses upon this important branch of the public needs. This volume should be of great interest to physicians on account of the influence wanton destruction of the forests have upon health and disease.

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- Puerto Rico.**—Registration on Diploma. Dr. Wm. F. Smith, San Juan, Secretary.
- Rhode Island.**—Mixed Board. Dr. Gardner T. Swarts, Providence, Secretary. Examination fee, \$10.00.
- South Carolina.**—One Board. Dr. S. C. Baker, Sumpter, Secretary. Examination fee, \$5.00.
- South Dakota.**—Mixed Board. Dr. H. E. McNutt, Aberdeen, Secretary. Eclectic member, Dr. H. S. Graves, Hurley. Examination fee, \$20.00.
- Tennessee.**—Mixed Board. Dr. T. J. Happel, Trenton, Secretary. Eclectic member, Dr. W. H. Halbert, Nashville. Examination fee, \$15.00.

- Texas.**—Three separate Boards. Secretary Eclectic Board, Dr. L. S. Downs, Galveston. Examination fee, \$15.00.
- Utah.**—Mixed Board. Dr. R. W. Fisher, Salt Lake City, Secretary. Eclectic member, Dr. Charles L. Olsen, Murray. Examination fee, \$15.00.
- Vermont.**—Three separate Boards. Dr. R. L. Templeton, Montpelier, Secretary Eclectic Board. Examination fee, \$5.00.
- Virginia.**—Mixed Board with two Homeopath members. Dr. R. R. Martin, Stuart, Secretary. Examination fee, \$10.00.
- Washington.**—Mixed Board. Dr. C. W. Sharpless, Seattle, Secretary. Dr. J. H. Hoxey, Spangell. Eclectic member, Dr. G. W. Overmeyer, South Bend. Examination fee, \$25.00.
- West Virginia.**—Mixed Board. Dr. H. A. Barbee, Point Pleasant, Secretary. Examination fee, \$15.00.
- Wisconsin.**—Mixed Board. Eclectic members: Dr. J. V. Stevens, Jefferson, Secretary; Dr. F. B. Klahr, Horicon. Examination fee, \$20.00.
- Wyoming.**—Mixed Board. Dr. S. B. Miller, Laramie, Secretary. Examination fee, \$25.00.—Eclectic Medical Journal.

### ECLECTIC MEDICAL SOCIETIES.

The following societies hold their respective State meetings late in the year, as follows:

- Texas.**—President, Jason Tyson, M. D., Santa Anna; Secretary, L. S. Downs, M. D., Galveston; Corresponding Secretaries, Mrs. D. B. Tucker, M. D., Flatonia; J. P. Rice, M. D., San Antonio, and P. A. Spain, M. D., Paris. Next meeting at Fort Worth, October 9, 1906.
- Washington.**—President, G. W. Overmeyer, M. D., South Bend; Corresponding Secretary, R. O. Ball, M. D., Tacoma. Next meeting September 19, 1906; place not yet selected.

### INSTITUTIONS FOR THE TREATMENT OF THE INSANE.

(Continued from page 298.)

can give are contributed to their adornment. The highest medical skill is employed and both physicians and nurses give their life work to the care of the patients within their walls. Each reform gives evidence of advancement over past methods in housing and caring for the insane. But the limit has been reached, or even passed, in the number to be cared for in our larger institutions. Economy is the only argument in their favor. Comfort and the per cent of recoveries must remain on the side of the question for smaller institutions.—*The Chicago Medical Times.*





GEORGE WASHINGTON BOSKOWITZ, A. M., M. D.

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## EDITORIAL.

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**GEORGE WASHINGTON BOSKOWITZ, A. M., M. D.**—Great achievements are accomplished in many ways. Some men succeed by might and force; others by industry; and yet others by love of their cause and their fellowmen. Loyal devotion, amounting almost to idolization, has, added to his strong personality and natural abilities, made Dr. George W. Boskowitz a man of achievement. Under few men and under no other conditions could order have been brought out of chaos as was accomplished in extricating the Eclectic Medical College of the City of New York from its once perilous position and fostering it until it has become a strong school and an honor to Eclecticism in the East. What John M. Scudder did for the "old Institute," Dr. Boskowitz has done for his alma mater.

George Washington Boskowitz was born in New York city, October 8, 1856, of Hebrew parentage. His father, Dr. Herman Boskowitz, was born in Prague, Bohemia, graduated in medicine in the Vienna Medical University, and subsequently, upon coming to America, served upon the faculty of Eclectic Medical College of the City of New York, of which he was also vice-president. He was a scholarly man (thoroughly versed in Hebrew, Greek, and Latin, upon which he was frequently consulted. Besides, he had served as a physician and surgeon in the Austrian army. The mother of the subject of our sketch was Rose Bunsell, whose father was a rabbi.



George W. Boskowitz was educated in the public schools of Brooklyn, N. Y., later attending the high school and the Cooper Institute. He read medicine with his father and Dr. Robert Saford Newton, and graduated in 1876 from the Eclectic Medical College of the City of New York, in which he was destined to become so powerful a factor. He has never craved or held public office and has no Church affiliations; he is, however, a member of the fraternal bodies I. O. O. F. and F. and A. M., having been a medical examiner in the first named order. While attending medical instruction young Boskowitz acted as assistant to the chair of chemistry. After graduation he became demonstrator of anatomy in his alma mater and held, from time to time, other positions as teacher until 1884, when he was made dean of the college and professor of surgery, which positions he still holds. The degree of Master of Arts was conferred upon Dr. Boskowitz in 1889 by the colleges at Waynesburg and Washington, Pa. Dr. Boskowitz has for several years been the editor of the Transactions of the Eclectic Medical Association of the State of New York, and is editor and founder of the Eclectic Review, one of the best and leading monthly journals of Eclecticism to-day. He is the author of many valuable papers contributed to local, State, and the National Medical Societies. The formulary accompanying Fyfe's *Materia Medica* was prepared by Dr. Boskowitz. In society work Dr. Boskowitz has been untiringly active and conspicuously useful, and has generally held a place on the most important committees, where his comprehensive services have been invaluable. His capacity for work and his desire to act for the good of Eclecticism find here an unlimited scope. It matters not to what portion of the country the National is sent, there goes also Dr. Boskowitz. We recall that he has never missed a meeting of that body since he has been a member. Dr. Boskowitz has served as president of his State Society, and in 1899, at the Detroit meeting, was honored by an election to the presidency of the National Eclectic Medical Association. The meeting at Atlanta city, over which he presided with signal ability, was one of the best in the history of the National. Dr. Boskowitz, as president, did that which had never been done before in the history of the society, namely, he successfully ran three sections at the same time.

When Dr. Robert S. Newton died he was succeeded as dean of the New York College by his son of the same name, who served

but a short time. Dr. Boskowitz then succeeded to the difficult position. The college was greatly in debt, a suit for annulment of its charter was in progress, and it was meeting great opposition from the friends of a rival college. Dr. Boskowitz succeeded in retaining control of the college. The State Society was in an unsettled condition and resolutions were offered asking the regents to investigate certain charges that had been made against the college. The report of the regents showed that Inspector Parsons had personally inspected the college and investigated the charges against the officers. As a result the report was rather a commendation than condemnation, for Mr. Parsons reported that the trustees and faculty "are apparently doing their utmost to elevate the standard of the college, which under former management failed to gain the confidence and support of the Eclectic profession." (December 14, 1892.) To Dean Boskowitz is due the major credit, for by heroic efforts he placed the college upon the sound and respected basis it now rests; although he takes pride in asserting that had it not been for the loyal assistance and indefatigable services of the trustees and faculty, this object could not have been attained. Loyal have they been in the past and yet loyal are they now to the college they have so firmly established. Dr. Boskowitz founded the Specific Medication Club of New York City, and advanced the idea of an advisory committee for the National. Outside of his college duties, Dr. Boskowitz attends to a very large and lucrative medical and surgical practice. As a physician he holds a high rank and is counted among the distinguished physicians of New York City. As a surgeon he occupies the first place among the Eclectics of New York City and vicinity, and travels over a large extent of the surrounding country to perform any and all operations.

In person, Dr. Boskowitz is short in stature and portly. He has the unmistakable but handsome Hebrew features, a keen and merry blue eye, and curling black hair. He who meets him feels pleasantly acquainted at once, but yet realizes that he has met no ordinary man. Dr. Boskowitz is a fluent speaker, a matchless debater, and a facile writer. He is fearless, has unmeasured energy, and is quick-witted and fertile in resource. No better pilot, no stronger character, could be at the helm in New York, and this no one can gainsay. Both Dr. Boskowitz and his devoted wife are hospitable entertainers and are lovers of the beautiful in art and

music. Whoever is so fortunate as to become their guest carries to after years the recollection of an event to be recalled with unbounded pleasure.

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**THE INDICATED REMEDY — PHYTOLACCA.** — Medicines which act directly upon the glandular structures are not numerous. Among those that do so act, none is more important than *Phytolacca decandra*, a plant long used in domestic medicine, subsequently being largely employed in botanic practice, but mostly and best studied and developed in Eclectic therapy. Phytolacca belongs to that class of remedies which are denominated alteratives. Whether such terms as the latter are justifiable in the light of present-day progress may be questioned. That the experience of many years with phytolacca with success in what has been understood to be alterative effects, is a matter of Eclectic record. That it powerfully impresses the glands of the skin, lymphatic system, buccal, faucial, nasal, and sexual systems, and particularly the tonsils, ovaries, testicles, and mammary glands, we are well satisfied. The periosteal and other fibrous tissues are also acted upon by it and there is no doubt but that it has more or less influence over the deposition of fats, its action in fatty degeneration of the heart entitling it to consideration. It is one of the few internal remedies that are overlooked in the treatment of skin affections. Without this agent we should be at a loss to know how to treat glandular affections undergoing swelling or inflammation. Its most direct indication is hard, painful enlargement of the glands with associated pallid mucous membranes. It is of signal value in mumps, mastitis, inflammation of cervical, axillary, and inguinal glands, when not due to tuberculosis. Even then its influence is often shown by its power to reduce the glands more or less; while in those enlargements due to syphilis its effects are often prompt and decided. Its beneficial control over tonsillitis, mastitis, and swelling of the submaxillary glands is well known. Briefly, the following is a resumé of its specific field of action. Pallid mucous tissues with ulceration; sore mouth, with small blisters on buccal mucous surfaces and tongue; sore lips, pallid and with separated epidermis; fauces full and mucous surfaces pallid, sometimes livid, with swollen tonsils and whitish or ashen-gray tenacious exudate; aphthæ; imperfect glandular secretion; faucial, tonsillar or pharyngeal ulceration; secretions of mouth impart a white glaze

over mucous membranes and tongue; white pultaceous sloughs at angles of mouth or lining the cheeks; hard painful glandular enlargements; pallid sore throat with cough and difficult respiration; mastitis; orchitis; parotitis; soreness and swelling of mammary glands; diphtheritic sore throat; and fatty degeneration.

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**ECLECTICISM AND ECLECTIC COLLEGES.**—Eclecticism in medicine is no longer an experiment. It originated as a righteous protest against a form of practice believed to have been harsh and unwarranted. Through its influence and the evolution of time, bleeding, blistering and heroic dosing with powerfully destructive medicines have become only an unpleasant memory. Bitter opposition even to persecution, both public and private, has been stubbornly resisted only as those who are in the right can resist. Now a wholesome respect is felt for Eclecticism and Eclectic physicians.

But few more years shall pass when Eclecticism shall have rounded out her century. This brief period has been one of progress. She has made herself recognized as a force in medicine, has built and operated successful colleges, and has taught thousands of physicians who have blessed mankind with an effective and kindly practice of medicine. Her literature has grown to large proportions and is distinctive. Greater than all she has developed an American *materia medica* and system of therapeutics that commands the admiration of all who view medical affairs with fairness and insight. Her strength to-day lies in her great bulwark—Specific Medication. The number of Eclectic physicians now in active practice may be conservatively estimated at 10,000. These support one post-graduate school, eight colleges, and ten journals. It is of these that we would briefly speak at this time rather than to discuss the relative merits of the different schools of medicine.

It is self-evident that Eclectic medicine can only be learned in an Eclectic college in which Eclectic means and methods are taught. Mixed faculties, with consequent lack of harmony, or outside institutions can not fulfill the requirements. Located at convenient distances in all parts of our United States are Eclectic colleges where students can be well cared for. Their doors will soon open for the coming sessions. To these should the student look who

would have Eclecticism pure and undefiled. He who attends a term or two in any other college, because convenient or to save expense and travel, or for any other reason, and attempts to finish in a brief attendance upon an Eclectic college, makes a very grave mistake. If he desires regular medicine all well and good, but he should not attend an Eclectic college to get it. Let the Eclectic be wholly Eclectic. Eclectic medicine is a large subject and four years are short enough in which to master even the principles of Eclectic therapy, which, like all other therapy, must be better learned by actual bedside practice. He who begins in an Eclectic college and faithfully attends to his studies is the one to whom success and honors are sure to come. To be a good Eclectic physician is no mean distinction. To be a poor one is as easy as to be a poor student and practitioner of any form of medical practice. Never in its history has Eclecticism been more successful than at present, and never has she before been enabled to offer such advantages to students. Antagonism has given way to invitation to join the ranks of the majority; this is in itself an acknowledgment that Eclecticism has become a power in legitimate medicine. For obvious reasons she is not yet willing to merge. By so doing she must of necessity lose her identity. That she has done a wonderful work in the line of *materia medica* and practical therapeutics is conceded. She has much more of it to do, for as we see it she has yet to do her greatest work. Let the student then prepare well and enter the Eclectic college of his choice. Our colleges, barring the sad calamity which has overtaken the California institution, are stronger and better equipped than ever before and clinical advantages were never so abundant as now. In every college specific medication, the dominant feature of our practice, is being given redoubled attention. All of them recognize in it the only rational form of medication and one that does not beget "therapeutic nihilism." We invite your attention to the brief notices of our colleges given below. Each has an honorable history which space permits us only to touch upon. Very briefly have we outlined our statements that we may have in one issue a compendium of Eclectic information for those desiring to know something of our colleges. Only those recognized by both the Confederation of Eclectic Medical Colleges and the National Eclectic Medical Association are mentioned herein, and they are named in the order of their founding.

**The Eclectic Medical Institute, Cincinnati, Ohio.**—This institution, located at 1009 Plum Street, Cincinnati, Ohio, is the parent school of Eclecticism, having been organized and chartered March 10, 1845. Its promoter was Dr. Thomas Vaughn Morrow, assisted by Drs. B. L. Hill, L. E. Jones, and A. H. Baldridge. Among those who have been active in its management may be named Thomas V. Morrow, Robert S. Newton, I. G. Jones, Joseph Rodes Buchanan, John M. Scudder, John King Scudder, Frederick J. Locke, and Rolla L. Thomas. Its age and importance as a medical school long before the other Eclectic colleges were established has made its faculty's lists large and composed of many of the most distinguished men of the Eclectic profession. Besides it has educated many of the professors of the younger institutions. Among the more distinguished of its teachers, excluding the present faculty whose names are printed elsewhere, have been Thomas V. Morrow, B. L. Hill, L. E. Jones, I. G. Jones, A. H. Baldridge, Joseph Rodes Buchanan, John King, John B. Stallo, Robert S. Newton, Zoeth Freeman, Edwin Freeman, H. P. Gatchell, Wm. Byrd Powell, G. W. L. Bickley, John W. Hoyt, J. Milton Sanders, Daniel Vaughn, John M. Scudder, Andrew J. Howe, John A. Jeancon, Frederick John Locke, and Robert C. Wintermute. The majority of the Eclectic text-books and a large proportion of periodical literature have been written by faculty members of this school. For a list, too long to reproduce, we refer the reader to five-page bibliography in Felter's History of the Eclectic Medical Institute. Chief among these are the works on practice by Jones and Morrow, Powell and Newton (children), Jones and Sherwood, King, Lyman Watkins, W. N. Mundy (children), John M. Scudder; and of recent issue by R. L. Thomas; on obstetrics, King and Wintermute; on surgery, Hill and Howe; on materia medica, Jones, Scudder, King, Locke, Lloyd, and Felter; pathology, Jeancon; chemistry, pharmacy, fiction, and historical and philosophic romance, J. U. Lloyd; eye, ear, nose, and throat, K. O. Foltz.

The college has always been represented by a journal, first known as the Western Medical Reformer and edited by T. V. Morrow; it became subsequently the Eclectic Medical Journal, edited successively by Newton and Buchanan, for many years by John M. Scudder, and is now under the managing editorship of John King Scudder, assisted by members of the Faculty. The college has always occupied the corner of Court and Plum Streets, though

several times alterations have been made. The original college building was partially destroyed by fire November 20, 1869. The present building, fronting on Plum, was built in 1871. The college now occupies Nos. 1005-7-9 Plum Street, alongside the original site

The first faculty was a strong one, composed of B. L. Hill, anatomy; T. V. Morrow, Dean, physiology, pathology, theory and practice of medicine; Hiram Cox, surgery and medical jurisprudence; L. E. Jones, materia medica, therapeutics, and botany; James H. Oliver, chemistry and pharmacy; A. H. Baldridge, obstetrics and diseases of women and children. The present faculty (names appended) numbers fourteen professors, thirteen instructors, demonstrators, and special lecturers. The number of graduates at the first session (1846) was 22; last year 35. Four full years of 31 weeks are required for graduation. The college is a member of the National Confederation of Eclectic Medical Colleges, and maintains the highest ideals in medical teaching. The coming year will be marked by increased instruction in pathology and bacteriology, physical diagnosis, chemistry, and electro-therapeutics, and the addition of five special lectureships. Excellent clinical advantages are offered by the College Dispensary, the Seton Hospital, and the Cincinnati (Public) Hospital. Dr. R. L. Thomas is Dean and Dr. John King Scudder, 1009 Plum Street, Cincinnati, Ohio, Secretary. The term opens September 17, 1906, and ends April 17, 1907. The present faculty is composed of the following:

- John Uri Lloyd, Phr. M., corner Court and Plum Streets, City, Professor of Pharmacy and Pharmaceutical History.  
 Bolla L. Thomas, M. D., 792 E. McMillan Street, City, Professor of the Principles and Practice of Medicine; Dean of the Faculty.  
 William E. Bloyer, M. D., "The Lancaster," 22 W. 7th Street, City, Professor of Materia Medica and Therapeutics.  
 John K. Scudder, M. D., 1009 Plum Street, City, Secretary of the Faculty, Instructor in Latin.  
 Lyman Watkins, M. D., Blanchester, O., Professor of Pathology and Physiology.  
 W. L. Dickson, LL. B., 708 Union Trust Building, City, Professor of Medical Jurisprudence.  
 Harvey W. Felter, M. D., corner Chase and Pitts Streets, Northside, City, Professor of Anatomy.  
 Bishop McMillen, M. D., Shepard, O., Emeritus Professor of Mental and Nervous Diseases.  
 L. E. Russell, M. D., "The Groton," 7th and Race Streets, City, Professor of Clinical Surgery and Operative Gynecology.  
 John E. Spencer, M. D., 952 West Eighth Street, City, Professor of Obstetrics.  
 Kent O. Felts, M. D., 105 Odd Fellows' Building, City, Professor of Didactic and Clinical Ophthalmology, Otology, Rhinology, and Laryngology.  
 Charles Gregory Smith, M. D., 224 Dorchester Avenue, City, Professor of Chemistry.

- William B. Church, M. D., The Berkshire, 628 Elm Street, City, Professor of Didactic Surgery.
- William N. Mundy, M. D., Forest, Ohio, Professor of Diseases of Children.
- Thomas Bowles, M. D., Harrison, Ohio, Professor of Diseases of Women.
- John L. Payne, M. D., 952 W. Eighth Street, City, Lecturer on Hygiene and Demonstrator of Histology, Pathology, and Bacteriology.
- George E. Dash, M. D., 1009 Plum Street, City, Lecturer on Physical Diagnosis.
- J. Byron Van Horn, M. D., 2284 Spring Grove Avenue, City, Demonstrator of Anatomy.
- Wm. P. Best, M. D., Specific Medication.
- Carl G. Winter, M. D., Orificial Surgery.
- Otto Jentner, M. D., Electro-Therapeutics.
- J. F. Harbert, M. D., Use of the Ophthalmoscope.
- Edwin E. Freeman, M. D., Hernia.
- L. E. Russell, M. D., Clinical Instructor in Surgery and Operative Gynecology.
- Kent O. Folts, M. D., Clinical Instructor in Diseases of the Eye, Ear, Nose, and Throat.
- Thomas Bowles, M. D., Clinical Instructor in Medical Diseases of Women and Children.
- Harry W. Behymer, M. D., Clinical Instructor in Medicine.
- J. Stewart Hagen, M. D., Assistant in the Surgical Clinic.
- D. M. Ulery, M. D., Assistant in the Eye, Ear, Nose, and Throat Clinics.
- D. C. Arndt, M. D., Assistant in Clinic of Women and Children.

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**The Eclectic Medical College of the City of New York.**—This college, now one of the leading medical institutions of Eclectic medicine, was organized in 1865, its chief promoters being men of great prominence in Eclecticism, viz.: Drs. Robert S. Newton, Alexander Wilder, and Henri L. Stuart. Those who have been most largely active in its management are Drs. R. S. Newton, Alexander Wilder, and George W. Boskowitz. Among its most noted teachers we recall R. S. Newton, Paul W. Allen, J. Milton Sanders, Alexander Wilder, Edwin Freeman, and Joseph Rhodes Buchanan, of the pioneers; and besides the present faculty, J. W. Fyfe, Henry Armgardt, C. Yelvington, J. Hervey Bell, and Max Augsberger. The members of the various faculties of this college have contributed largely to the literature of Eclecticism, among the pioneer authors being R. S. Newton (see Eclectic Medical Institute) and Alexander Wilder (see long list in May, 1905, number of *GLEANER*). Of the later teachers, J. W. Fyfe has written an excellent Eclectic *Materia Medica and Therapeutics*, Dr. Max Meyer, "A Chemistry;" Dr. J. H. Gunning, *Electro-Therapeutics in Gynecological Works*; C. W. Brandenburg, editor *Hygienic Magazine*; and G. W. Boskowitz, editor of *New York State Transactions and Eclectic Review*. The college has always supported a journal, first under the name of *American Eclectic Medical Review*, then as *Medical Eclectic*, and now as the *Eclectic Review*. Among the editors we recall R. S. Newton, Alexander Wilder, and Prince Albert Morrow.



The present journal is edited by Dr. Boskowitz, aided by the college faculty.

The college has been located at 223 East 26th Street, No. 1 Livingston Place, and since 1889 in its own building at 239 East 14th Street. The latter was extensively remodelled in 1903, bringing it in every respect up-to-date as a school of instruction. This college has won its way through much tribulation to an exalted position among our colleges. The first faculty was composed of eight professors as follows: Wm. Byrd Powell, Emeritus professor of cerebral pathology; Robert S. Newton, operative surgery and surgical diseases; Edwin Freeman, descriptive and surgical anatomy; Paul W. Allen, theory and practice of medicine; Wm. W. Hadley, materia medica and therapeutics; Thomas D. Worral, obstetrics and diseases of women and children; John Youatt, physiology and pathology; and J. Milton Sanders, chemistry, pharmacy, and toxicology.

The present faculty consists of 15 professors and 23 instructors. At its founding 40 students attended; the last session (1905) 105; in its first graduating class were 11 graduates; in the last 15. The requirements are four years of seven months each. The school has always been recognized by the National and the Confederation of Eclectic Colleges. During the coming session greatly increased clinical facilities are being arranged, and owing to the death of Prof. Max Augsberger, Prof. J. H. Gunning will take his chair (obstetrics and gynaecology), and Prof. C. W. Brandenburg will succeed the latter (physiology). The next term opens in September (1906) and closes in May, 1907. Clinical facilities are exceptional, comprising attendance upon the College Dispensary and the Beachonian Dispensary (which treats over a thousand cases a month). The students also attend clinics at Bellevue and Manhattan Hospitals (county and State institutions, respectively), Red Cross Hospital, New York Physical and Surgical Hospital, and Muncie Sanitarium. The dean of the college is Dr. George W. Boskowitz; the secretary, W. H. Lewis. The following is the present faculty:

- George W. Thompson, M. D.** (Eclectic, N. Y.) 142 E. 80th Street, Professor of Theory and Practice of Medicine and Clinical Medicine.  
**Byron Clark, A. M., M. D.** (P. and S., Baltimore; Eclectic, N. Y.; University of Md.), 107 W. 98th Street, Emeritus Professor of Positive Diagnosis.  
**John T. Sibley, A. M., M. D.** (A. M. C., St. Louis), 730 E. 8d Street, Brooklyn, Professor of Nervous Diseases and Insanity.  
**D. N. Bulson, M. D.** (Eclectic, N. Y.), Rockville Centre, N. Y., Professor of Specific Medicine.

- Jacob Oshlag, M. D.** (Eclectic, N. Y.), 1622 Avenue A, N. Y., Lecturer on Physical Diagnosis.
- J. C. Rosenblueth, M. D.** (P. and S., N. Y.), 348 E. 72d Street, Lecturer on Tropical Medicine.
- Charles Lloyd, M. D.** (Eclectic, N. Y.), 126 Amity Street, Brooklyn, N. Y., Lecturer on the History of Medicine.
- M. Scimeca, M. D.** (Eclectic, N. Y., University of Palermo), 2 Prince Street, New York, Lecturer on Diseases of the Stomach.
- M. B. MacDermott, M. D.** (Eclectic, N. Y.), 350 West 46th Street, Quiz Master Dept. of Practice of Medicine.
- George W. Boskowitz, A. M., M. D.** (Eclectic, N. Y.), 140 W. 71st Street, Professor of Surgery.
- A. W. Herzog, A. M., M. D.** (University of N. Y.), 465 Lexington Avenue, Professor of Diseases of the Eye, Ear, Nose, and Throat.
- Otto H. Rohde, M. D.** (Eclectic, N. Y.), 118 Reid Avenue, Brooklyn, N. Y., Professor of Orthopedic Surgery.
- S. E. Schults, M. D.** (Eclectic, N. Y.), 57 E. 8d Street, Lecturer on Dermatology and Genito-Urinary Diseases.
- J. C. Rosenblueth, M. D.** (P. and S., N. Y.), 348 E. 72d Street, Lecturer on Gun-shot wounds.
- W. L. Heeve, M. D.** (Eclectic, N. Y.), 302 Sumner Avenue, Brooklyn, N. Y., Lecturer on Minor Surgery and Bandaging.
- Earl H. King, M. D.** (Eclectic, N. Y.), Saratoga Springs, N. Y., Lecturer on Anesthetics.
- V. Sillo, Ph. D., M. D.** (Eclectic, N. Y.), 406 W. 57th Street, Lecturer on Rectal Diseases.
- M. B. Pearlstein, M. D.** (Eclectic, N. Y.), 309 Hewes Street, Brooklyn, Lecturer on Orificial Surgery.
- W. E. MacLachlan, M. D.** (Eclectic, N. Y.), 127 W. 16th Street, N. Y., Quiz Master Dept. of Surgery.
- Josephus H. Gunning, M. D.** (Eclectic, N. Y., Homeopathic, N. Y., University of N. Y.), 43 E. 58th Street, New York, Professor of Obstetrics and Gynecology.
- Harriet C. Hinds, M. D.** (Eclectic, N. Y.), East Orange, N. J., Professor of Diseases of Children.
- M. H. Skou, M. D.** (Eclectic, N. Y.), 500 W. 122d Street, New York, Quiz Master Dept. of Obstetrics, Diseases of Women and Children.
- Max Meyer, Ph. D., M. D.** (Eclectic, N. Y.), 225 E. 115th Street, Professor of Chemistry and Toxicology.
- H. Scaison, Ph. G., M. D.** (Eclectic, N. Y.), Pell Place and 242d Street, Lecturer on Pharmacy.
- G. W. Schaefer, Ph. G., M. D.** (Eclectic, N. Y.), 199 Maujer Street, Brooklyn, Quiz Master Dept. Chemistry and Pharmacy.
- Ovid A. Hyde, M. D.** (Eclectic, N. Y.), 127 E. 98d Street, Professor of Descriptive and Surgical Anatomy.
- H. Harris, M. D.** (Eclectic, N. Y.), 28 Charlton Street, Assistant and Lecturer on Osteology and Arthrology.
- N. Villone, M. D.** (Eclectic, N. Y.), 247 W. 26th Street, New York, Quiz Master and Demonstrator of Anatomy.
- W. H. Wyatt-Hannath, A. M., M. D.** (Eclectic, N. Y.), 126 W. 45th Street, New York, Professor of Materia Medica and Therapeutics.
- Henry E. Waite, M. D.** (Eclectic, N. Y.), 217 E. 23d Street, Professor of Electro-Therapeutics.
- John T. Sibley, A. M., M. D.** (A. M. C., St. Louis), 730 E. 8d Street, Brooklyn, Lecturer on Suggestive Therapeutics.
- A. A. Greenberg, M. D.** (Eclectic, N. Y.), 75 Gerry Street, Brooklyn, Quiz Master Dept. of Materia Medica and Therapeutics.
- Charles W. Brandenburg, M. D.** (Eclectic, N. Y.), 223 E. 14th Street, Professor of Physiology.
- Max Meyer, Ph. D., M. D.** 225 E. 115th Street, Professor of Histology and Pathology.
- Baillie Brown, M. D.** (Eclectic, N. Y.), Jersey City, N. J., Lecturer on Hygiene.
- P. Nilsson, M. D.** (Eclectic, N. Y.), 210 E. 88d Street, Lecturer on Gross Pathology.

- M. Skon, M. D. (Eclectic, N. Y.), 500 W. 122d Street, New York, Lecturer on Histology and Clinical Microscopy.  
W. A. Cimillo, M. D. (Eclectic, N. Y.), 2473 Arthur Avenue, Demonstrator and Quis Master Dept. of Physiology, Pathology, and Hygiene.  
W. B. Spooner, LL. D. (Columbia), 486 E. 117th Street, Professor of Medical Jurisprudence.
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**The Bennett College of Eclectic Medicine and Surgery, Chicago, Ill.**—This college, which has made for itself and Eclecticism an enviable record, is located in Chicago, Illinois, at the corner of Ada and Fulton Streets. It was organized in September of 1868 by Drs. A. L. Clark, S. L. Major, H. K. Whitford, H. C. French, J. F. Cook, and H. D. Garrison. Among those who have been specially active in its management we recall the names of Drs. A. L. Clark, H. K. Whitford, Milton Jay, John Tascher, Oscar O. Baines, Finley Ellingwood, Edward F. Buecking, Nathaniel A. Graves, E. J. Farnum, and J. B. McFatrich. Among the most distinguished of its teachers, outside of the present faculty, we might name Drs. Anson L. Clark, Milton Jay, Edward F. Buecking, Henry S. Tucher, J. B. McFatrich, J. B. Stevens, A. L. Willard, William E. Kinnett, and W. Harrison Hipp. Eclectic literature has been materially enriched by the following members of the faculty, Dr. A. L. Clark having written a work on "Diseases of Women," Dr. E. J. Farnum one on "Deformities," and Dr. Finley Ellingwood a Manual of Chemistry, an Eclectic Materia Medica and Therapeutics, and The Eclectic Treatment of Disease—the two latter being works of high merit and largely used within and without the Eclectic profession. The college organ, established in 1868, has been ably edited successively by Drs. R. A. Gunn and John Foreman, and its present editor, Dr. Finley Ellingwood.

Bennett College has occupied its present quarters since 1889. Previous to this it was located successively at corner of La Salle and Kenzie Streets until 1870, and at 180 East Washington Street until burned out in the great fire of 1872. It then occupied temporary quarters for one month at 461 South Clark Street. From 1875 to 1889 it occupied a building of its own at 511 and 513 South State Street. It is now located at corner of Ada and Fulton Streets. In its beginning year it had 30 students and a faculty of 7, composed as follows: Robert A. Gunn, Professor of Surgery; H. K. Whitford, Professor of Theory and Practice of Medicine; H. D. Garrison, Professor of Chemistry and Toxicology; A. L. Clark, Professor of Obstetrics and Diseases of Women; John

Foreman, Professor of Anatomy; Hayes C. French, Professor of Physiology; J. F. Cook, Professor of Materia Medica. Its first graduating class had 10 members. In 1906 the college has an active faculty of 38 professors and 8 instructors, whose names and chairs are given below. Its enrollment last session was 166, and its last graduating class numbered 52. The length of the present session is 32 weeks and four full years are required for graduation. The college commences the present fall term, which opens September 27, 1906, and closes May 7, 1907, with greatly added advantages. The requirements have been raised, and there have been several important changes made in the list of officers and faculty. Many new clinic rooms will be added, and a new electrical outfit, including X-ray apparatus, is to be installed. Clinical advantages are exceptional. Bennett Hospital is maintained near the college building, and this, as well as the Cook County Hospital, Jefferson Park Hospital, and South Side Hospital, are all open to the students for clinical work. Bennett College was among the first to be indorsed by the National Eclectic Medical Association and is a member of the Confederation of Eclectic Colleges. Under the presidency of Dr. N. A. Graves, one of the truest and best known Eclectics, we bespeak for Bennett College a future of which the school may be proud. The secretary is Dr. William J. Pollock, 750 West Chicago Avenue, Chicago, Ill. The present faculty is composed as follows:

- Henry K. Whitford, M. D., 42 Madison Street, Emeritus Professor of Principles and Practice of Medicine.  
 Anson L. Clark, A. M., M. D., Dean, Elgin, Ill., Emeritus Professor of Obstetrics.  
 Amos W. Strong, LL. B., 159 La Salle Street, Emeritus Professor of Medical Jurisprudence.  
 Edward J. Farnum, M. D., 42 Madison Street, Professor of the Practice of Surgery.  
 Nathaniel A. Graves, M. D., President, 518 West Chicago Avenue, Professor of the Principles and Practice of Medicine.  
 Edgar M. Reading, A. M., M. D., Venetian Building, Professor of the Diseases of the Chest.  
 Finley Ellingwood, M. D., 100 State Street, Professor of Materia Medica and Therapeutics.  
 Samuel Fallows, A. M., D. D., LL. D., 967 West Monroe Street, Professor of Mental Physiology.  
 W. Harrison Hipp, M. D., 100 State Street, Professor of Surgical Gynecology.  
 Ralph H. Wheeler, M. D., 126 State Street, Professor of Anatomy.  
 John C. Delprat, M. D., 84 Washington Street, Professor of the Principles of Surgery and Clinical Surgery.  
 Edward G. Trowbridge, M. D., 42 Madison Street, Professor of Diseases of Eye, Ear, Nose, and Throat.  
 Henry B. Whitford, M. D., 42 Madison Street, Professor of Genito-Urinary Diseases.  
 William J. Pollock, M. D., Secretary, 750 West Chicago Avenue, Professor of Obstetrics.  
 James A. Jennings, M. D., 1627 Ogden Avenue, Professor of Diseases of Children.  
 Eric A. Davidson, A. B., M. D., 819 East Division Street, Professor of Medicine.

- A. C. Kubicek, M. D., 1481 W. Monroe Street, Professor of Surgical Anatomy and Adjunct Professor of Surgery.
- W. D. Zoethout, 6225 Green Street, Professor of Physiology.
- Herbert Chas. Phillips, M. D., Glenn Ellyn, Professor of Orthopaedic Surgery.
- Francis B. Thornton, M. D., 588 W. Belmont Avenue, Professor of Medicine.
- John A. Craver, D. D. S., Trude Building, Professor of Dental Surgery.
- G. Roy Ringo, M. D., 489 W. Madison Street, Professor of Pathology.
- Claude B. G. Forrester, M. D., 126 State Street, Professor of Osteology.
- M. C. Welch, M. D., 412 Fulton Street, Professor of Histology.
- Arthur W. Wilson, M. D., 488 W. Madison Street, Professor of Anatomy.
- Rudolph Meyer, M. D., corner Erie and Milwaukee Avenue, Professor of Chemistry.
- Arthur E. Gammage, LL. B., First National Bank Building, Professor Forensic Medicine.
- Aaron C. Koethe, M. D., Mont Clare, Associate Professor Diseases of Children.
- Geo. W. Billig, M. D., 1689 Lincoln Avenue, Associate Professor of Gynecology.
- Hugo Betz, M. D., 5500 S. Halsted Street, Professor of Dermatology.
- Chas. H. Bushnell, M. D., 1680 N. Clark Street, Professor of Medical Gynecology.
- Arthur H. Reading, M. D., 6600 Jackson Avenue, Professor of Clinical Medicine.
- J. A. McDonnell, M. D., 490 W. Madison Street, Professor of Diseases of Kidney.
- M. C. Korb, M. D., 482 Washington Blvd., Professor of Minor Surgery and Bandaging.
- John E. Waggoner, M. D., Irving Park, Professor of Toxicology.
- John Axelson, M. D., 685 52d Avenue, Professor of Materia Medica.
- Charles J. O'Connor, LL. B., Tribune Building, Professor Medical Jurisprudence.
- D. A. Stevens, M. D., 1495 W. Madison Street, Professor Electro-Therapeutica.
- E. J. Murratt, M. D., 8511 Archer Avenue, Assistant in Anatomy.
- Further additions to the faculty are contemplated.

**The American Medical College at St. Louis, Mo.**—This college, which provides facilities for Eclectic instruction for the Southwest, was organized in 1873. Among the founders and early teachers we recall the names of Drs. George C. Pitzer, Edwin Younkin, J. W. Thrailkill, Albert Merrill, W. V. Rutledge, and George H. Field, who constituted the first faculty. The present college is located at 407 South Jefferson Avenue, but new buildings are in process of construction. The faculty as published for 1904-5 (see below) comprises 20 professors and 8 lecturers and demonstrators. Four years of 31 weeks each are required for graduation. The session opens in September and closes in April. In 1904-5, 66 students were enrolled and 16 graduated. The clinical facilities are ample including the college clinic and dispensary, the St. Louis City Hospital, and the Female City Hospital and Insane Asylum. Dr. M. M. Hamlin is dean, and Dr. P. C. Clayberg secretary. The faculty of 1904-5 was composed as follows:

- Hon. Wm. M. Kinsey, Oriel Building, Emeritus Professor Medical Jurisprudence.
- E. Younkin, M. D., Villa Ridge, Mo., Emeritus Dean, Professor Principles of Surgery.
- Mont. M. Hamlin, M. D., Dean, 2906 Lawton Avenue, Professor Materia Medica and Therapeutics.
- P. C. Clayberg, M. D., Chemical Building, Professor Principles and Practice of Medicine.

- J. J. Link, M. D.**, 725-726 Mermod-Jaccard Building, Professor General and Orthopedic Surgery.
- B. I. Rigler, M. D.**, 4152 Newstead Avenue, Professor Fractures and Dislocations.
- G. O. Hulick, M. D.**, 1825 Gaty Avenue, East St. Louis, Ill., Professor Obstetrics.
- W. S. Barnickie, Ph. G.**, 4175 Russell Avenue, Professor Chemistry, Toxicology, and Urinalysis.
- B. J. Wiesner, M. D.**, 1923 Sidney Street, Professor Anatomy.
- John L. Ingram, M. D.**, 2827 Wash Street, Professor Physiology.
- H. Hugh Helbing, M. D.**, 4285 West Bell Place, Professor Gynecology and Abdominal Surgery.
- D. S. Pruett, M. D.**, 6718 Michigan Avenue, Professor Pædology.
- Ira W. Upshaw, M. D.**, 5015 Shaw Avenue, Professor Physical Diagnosis.
- C. W. Reed, M. D.**, 1908 Lami Street, Professor Normal and Pathological Histology and Bacteriology.
- W. W. Cherry, M. D., D. D. S.**, Olivia Building, Professor Dental Pathology and Oral Surgery.
- Henry J. Gorin, Esq.**, 705 Olive Street, Professor Medical Jurisprudence.
- W. J. Miller, M. D.**, 2617 N. Taylor Avenue, Professor Hygiene and Clinical Medicine.
- A. E. Jones, M. D.**, Mermod-Jaccard Building, Professor Ophthalmology, Otology, and Laryngology.
- Professor M. M. Hamlin, M. D.**, Lecturer on Orificial Surgery.
- Professor D. S. Pruett, M. D.**, Lecturer on Infant Feeding, Etc.
- B. E. Hill, M. D.**, 1105 North Nineteenth Street, Adjunct to the Chair of Anatomy.
- A. E. Jones, M. D.**, Mermod-Jaccard Building, Lecturer on Diseases of the Eye.
- Professor B. I. Rigler, M. D.**, Lecturer on Minor Surgery and Bandaging.
- Professor B. J. Wiesner, M. D.**, Demonstrator of Anatomy.
- C. W. Reed, M. D.**, Demonstrator in Pathological and Bacteriological Laboratories.
- Professor W. S. Barnickie**, Demonstrator in Chemical Laboratory.

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**The California Medical College at San Francisco, Cal.**—This college, up to April 18, 1906, held the distinction of being the only Eclectic medical college on the Pacific Coast. It was completely destroyed in the recent earthquake and fire, and at last accounts an effort was being made to rebuild. During the last year important changes were being made, and Dr. J. B. Mitchell was made dean and Dr. B. Stetson secretary. California Medical College was organized in 1879 at Oakland, California. It was recognized by the National the following year. The faculty at that time was composed of Drs. Joseph H. Bundy, J. W. Webb, A. McRae, John Fearn, George G. Gere, Herbert T. Webster, and Daniel Maclean. Prof. Webster is the author of important textbooks, "Dynamical Therapeutics" and "The New Eclectic Medical Practice." The college was removed to San Francisco in 1888, and at the time of its destruction was located at 1466 Folsom Street. A journal, The California Medical Journal, has been published for a number of years, Dr. Maclean being its present editor. It still continues to be issued. Owing to the recent calamity we have not been enabled to determine the future course of the in-

stitution or to obtain a list of the faculty as contemplated under the change of management.

**The Georgia College of Eclectic Medicine and Surgery, Atlanta, Ga.**—This college is the only Eclectic medical college in the Southern States proper. It was chartered in 1884, having been organized by merging the College of American Medicine and Surgery (organized in 1839) and the Georgia College of Eclectic Medicine (chartered in 1877). Among its organizers and prominent teachers were I. J. M. Goss, W. M. Durham, Joseph Adolphus, and S. T. Biggars. One of its faculty, Dr. I. J. M. Goss, was the author of several works on practice and materia medica which took a high rank and were largely used as text-books. The Georgia Eclectic Medical Journal, published for many years, was edited by Drs. Goss and Durham. This was succeeded by "Modern Eclecticism," the present college organ, edited by Dr. George A. Doss and a corps of associate editors. The college edifice, a typical medical college building, is located on Tanner Street. It is well equipped for teaching purposes. The Grady Hospital of Atlanta furnishes excellent clinical facilities. The first graduating class in the present college numbered 18; the 1905 class, 15. The number of matriculants in 1904-5 was 56. The term begins in October and ends in April. Four regular courses are required for graduation. Dr. John H. Goss is president of the faculty, and Dr. Elzie B. Thomas, proctor. The faculty, as catalogued in 1905, is as follows:

**John H. Goss, A. B., M. D.,** Decatur, Ga., President of the Faculty and Professor of Practice of Medicine and Pediatrics.

**W. M. Durham, M. D.,** 77 1-2 Peachtree Street, City, Emeritus Professor of Surgery.

**Elzie B. Thomas, M. D.,** 121 Park Street, West End, Professor of Anatomy.

**J. Richmond Duvall, M. D.,** 614 Austell Building, Professor of Surgery.

**J. V. M. Cain, M. D.,** Edgewood Avenue, Professor of Obstetrics and Hygiene.

**Giles Hathcock, M. D.,** 389 Capitol Avenue, Professor of Materia Medica and Therapeutics.

**Geo. A. Doss, M. D.,** Professor of Gynecology, Physical Diagnosis, Specific Diagnosis, and Specific Medication.

**G. Adolphus, M. D.,** Professor of Chemistry, Toxicology, and Urinary Analysis.

**John W. White, M. D.,** Oakland City, Demonstrator of Anatomy and Lecturer on Fractures and Dislocations.

**S. Frank West, M. D.,** Professor of Physiology, Pathology, Bacteriology, and History.

**J. H. Powell, M. D.,** Professor of Ophthalmology, Otology, Laryngology, Rhinology, and Dermatology.

**M. T. Johnson, M. D.,** Lawrenceville, Ga., Professor Genito-Urinary Diseases and Orthopedic Surgery.

**O. L. Pettigrew, B. L.,** Lecturer on Medical Jurisprudence.

**Lincoln Medical College.**—The Medical Department of Cotner University is pleasantly located in the beautiful city of Lincoln, Nebraska, and in its sixteen years of existence has become of considerable local and national importance. It was organized in 1890 chiefly through the able leadership of Dr. William S. Latta, aided by Dr. R. L. Bentley, of Lincoln; Dr. H. B. Cummins, of Seward; Dr. J. M. Keys, of Omaha; and Dr. McIntyre, of Unadilla. Especially active in its management have been the above named gentlemen, together with Drs. F. L. Wilmeth, W. N. Ramey, M. B. Ketchum, W. T. Johnson, E. J. Latta, J. Morrow, C. W. Jester, J. R. Gray, J. F. Spealman, M. A. Carriker, and S. Metheny. Among those who have been prominent in the faculties, excluding the present faculty, may be named Drs. W. S. Latta, W. A. Alton, and C. C. Drummond. No books have been written by any members of the faculties, but two journals have been issued—The Outlook (now extinct) edited by M. B. Ketchum, and the present periodical, *The Nebraska Physician*, the organ of the State Society, edited by Drs. F. L. Wilmeth, W. N. Ramey, and J. M. Keys. At its inception the college sessions were held in Cotner University, located at Bethany, a suburb of Lincoln. Here it remained for eight years, moving then to 13th Street in Lincoln; thence to 1446 U Street, in 1901; thence to 121 South 14th Street, in 1902. An important change the coming year will be the removal of the college to 237 and 239 North 11th Street, giving a better location and increased room. Unlike some of its sister colleges, it has never been visited by fire or other calamity. The first faculty of Lincoln Medical College numbered 16, as follows: Drs. J. M. Keys, H. B. Cummins, J. S. Eaton, O. C. Reynolds, W. S. Latta, D. D. Potter, J. H. Woodward, W. L. Cameron, W. McIntyre, Milton P. Guy, R. L. Bentley, J. K. Maxson, D. E. Forestall, C. E. Spahr, A. D. Hoover, and M. A. Carriker. Twelve students attended the first session, and the first graduating class numbered two graduates. In 1906, 82 students were enrolled and 15 graduated. The present requirements are four years of eight months each. The present faculty, whose names and chairs are appended, numbers 23 professors, 1 adjunct professor, 1 instructor, and 9 special lecturers. Lincoln College was recognized by the Confederation of Eclectic Colleges at the Portland meeting in 1896. The next session begins September 15, 1906, and closes May 1, 1907. The college enjoys the clinical facilities of a city of 60,000 inhabitants, with 15,000 populace of



suburban towns; a free clinic, the College Hospital, City Hospital, and two private hospitals. With a steady increase in number in faculty and student body, and removal to more commodious quarters with more capacity and better laboratory equipment, Lincoln College looks forward to a successful year. Dr. Walter N. Ramey is president of the faculty, and Dr. Earl E. Boyd, 121 South 14th Street, corresponding secretary. The present faculty is composed as follows:

William Prince Aylsworth, A. M., LL. D., Chancellor.  
 Frank Lincoln Wilmeth, M. D., Dean, Professor of Principles and Practice of Surgery.  
 Walter Neyman Ramey, M. D., Professor of Obstetrics and Gynecology.  
 Joseph Morrow, M. D., Professor Minor Surgery and Orthopedics.  
 John Randolph Gray, Ph. G., M. D., Professor of Pediatrics.  
 Herschel Benoni Cummins, M. D., Professor of Chronic Diseases.  
 William Thomas Johnson, M. D., Professor of Diseases of Respiratory and Circulatory Organs.  
 Samuel Metheny, M. D., Professor of Theory and Practice of Medicine.  
 Charles William Jester, B. L., M. D., Professor of Pathology.  
 Elbert Johnston Latta, M. D., Professor of Medical Diagnosis.  
 Addison Seabury Tibbets, B. O. E., Professor of Medical Jurisprudence.  
 Samuel James Stewart, M. D., Professor of Nervous and Mental Diseases.  
 E. C. Bentley, M. D., Professor of Diseases of Children.  
 Sanky Bacon, M. D., Adjunct Professor of Materia Medica.  
 Joseph Adolphus, Professor of Dermatology and Venereal Diseases.  
 Cyrus Pickett, M. D., Professor Psychology.  
 Edward Thomas McGuire, LL. B., Ph. G., Professor of Chemistry, Toxicology, and Urinary Analysis.  
 Richard Hargrave Spradling, Ph. G., M. D., Professor of Pharmacy and Myology.  
 Richard Euelstynne Howard, M. D., Professor of Bacteriology and Histology.  
 Frederick Moore Andrus, M. D., Professor of Physical Diagnosis.  
 John Franklin Speelman, M. D., Professor and Demonstrator Anatomy and Anesthetics.  
 To be Supplied—Professor of Ophthalmology, Otology, Rhinology, and Laryngology.  
 Earl Roscoe Truell, D. M. D., Professor of Oral Surgery.  
 Milton Morrow, M. D., Professor of Materia Medica and Therapeutics.  
 Earl Eugene Boyd, A. B., M. D., Professor of Physiology.  
 William Noyes, Instructor in Medical Latin.  
 Special Lecturers.—Clifford A. Lutgen, M. D.; W. H. Bixler, M. D.; G. E. Henton, M. D.; S. L. Hubbard, M. D.; M. L. Wilson, M. D.; J. N. Campbell, M. D.; W. T. Sloan, M. D.; D. J. Alexander, M. D.; O. N. Moore, M. D.

**The Eclectic Medical University, Kansas City, Mo.**—This, one of the younger Eclectic Medical Colleges, was organized and chartered in 1898, and admitted into the Confederation of Eclectic Medical Colleges in 1904. Active in its organization were Drs. Charles Palmer, Theodore Doyle, John Wherrell, E. Swarts, Theodore Griffin, N. J. Carriker, and S. F. March. The school was originally located in the Nelson Building, next at 1400 Grand Avenue, and now at 609 East Missouri Avenue in the clinical

portion of the city, with access to all the hospitals and sanatoria of Kansas City, through members of the faculty. This institution is open to both sexes and is designed to include colleges of medicine, pharmacy, dentistry, preparation, and post-graduation. A graded course of four years, of seven months each, is required for graduation. Several changes have been made in the faculty and a chair of life insurance examination has been added. The school opens September 3, 1906, and closes April 11, 1907. Fifteen students attended the first (1898) session, and in the first graduation class (1900) 7 graduated; matriculants numbered 46 at last session (1905-6) and 16 graduated. The dean is Dr. Theodore Doyle, 15th and Harrison Streets; the secretary, Dr. G. W. Fraker, 1209 Grand Avenue. The present faculty is composed as follows:

- Theo. Doyle, Ph. D., M. D., S. E. Cor. 15th and Harrison Streets, Kansas City, Mo., Professor of Theory and Practice of Medicine and Specific Medication.  
 J. E. Calloway, M. D., Chillicothe, Mo., Professor of Chronic Diseases.  
 To be filled, Professor of Obstetrics.  
 S. O. Delap, M. D., 1214 Main Street, Kansas City, Mo., Professor of Ophthalmology, Rhinology, and Otology.  
 W. A. Bonniwell, M. D., D. D. S., 1209 Grand Avenue, Kansas City, Mo., Professor of Anatomy and Demonstrator of Anatomy.  
 S. G. Meredith, M. D., Cowgill, Mo., Professor of Diseases of Children.  
 W. S. Wallace, M. D., Excelsior Springs, Mo., Professor of Nervous and Mental Diseases.  
 G. W. Fraker, M. D., 1209 Grand Avenue, Kansas City, Mo., Professor of Principles and Practice of Surgery and Clinical Surgery.  
 F. J. Longfield, M. D., Lathrop, Mo., Professor of Genito-Urinary Diseases.  
 W. J. James, M. D., Excelsior Springs, Mo., Professor of Principles and Practice of Medicine and Clinical Medicine.  
 Theo. Griffin, M. D., Kansas City, Mo., Professor Genito-Urinary and Rectal Diseases.  
 S. E. Wells, M. D., Kansas City, Mo., Professor of Physical and Specific Diagnosis.  
 J. A. McLane, A. M., LL. D., Kansas City, Mo., Professor of Medical Jurisprudence.  
 G. H. Smith, M. D., 650 Minnesota Avenue, Kansas City, Kan., Professor of Orthopaedic Surgery and Instructor in Latin and Prescription Writing.  
 T. D. Polk, M. D., D. D. S., Excelsior Springs, Mo., Professor of Pathology.  
 B. B. Gillett, M. D., Kansas City, Kans., Professor of Chemistry.  
 Wm. Karbach, M. D., Kansas City, Kans., Professor of Bacteriology and Microscopy.  
 Geo. J. Conley, M. D., Kansas City, Mo., Professor of Visceral and Surgical Anatomy and Demonstrator of Anatomy.  
 Howard Swan, D. D. S., 380 Altman Building, Kansas City, Mo., Professor of Oral Surgery.  
 E. E. Heath, M. A., M. D., F. E. G. S., Kansas City, Mo., Professor of Pharmacy.  
 Geo. L. Callaway, M. D., Chillicothe, Mo., Professor of Physiology.  
 H. H. Brockman, M. D., Eldon, Mo., Professor of Venereal Diseases.  
 M. Hammond, M. D., Raymore, Mo., Professor of Gynecology.  
 Chas. H. Miller, M. D., Kansas City, Mo., Professor of Materia Medica and Therapeutics.  
 M. D. L. Isley, M. D., Excelsior Springs, Mo., Professor of Hygiene and Preventive Medicine.  
 N. J. Carriker, M. D., Kansas City, Mo., Professor of Electro-Therapeutics.  
 B. E. Dawson, M. D., Belton, Mo., Professor of Principles and Practice of Surgery and Emergency Surgery.  
 Chas. J. Gilman, M. D., Kansas City, Mo., Professor of Minor Surgery and Bandaging.

- J. M. Ghormley, M. D.**, 2103 Olive Street, Kansas City, Mo., Professor of Surgical Anatomy.
- J. J. Gaines, M. D.**, Excelsior Springs, Mo., Professor of Dermatology.
- Judge W. E. Fowler, LL. D.**, Excelsior Springs, Mo., Professor of Forensic Medicine.
- May B. Wells, M. D.**, Kansas City, Mo., Professor of Specific Medicine.
- To be filled**, Professor of Hematology.
- To be filled**, Professor of Anæsthetics.
- O. O. Meredith, M. D.**, Breckenridge, Mo., Professor of Histology.
- M. M. Hamlin, M. D.**, St. Louis, Mo., Member of the Missouri State Board of Health, has consented to deliver lectures during the term on Life Insurance Examination.
- B. E. Dawson, M. D.**, Clinical Instructor in Surgery and Emergency Surgery.
- W. J. James M. D.**, **O. H. Miller, M. D.**, Clinical Instructors in Practice of Medicine and Therapeutics.
- S. C. Delap, M. D.**, Clinical Instructor in Diseases of the Eye, Ear, Nose, and Throat.
- G. W. Fraker, M. D.**, Clinical Instructor in General and Abdominal Surgery.
- S. G. Meredith, M. D.**, Clinical Instructor in Diseases of Children.
- To be filled**, Clinical Instructor in Anæsthetics.
- To be filled**, Clinical Instructor in Obstetrics.
- G. H. Smith, M. D.**, Clinical Instructor in Orthopædics.
- C. J. Gilman, M. D.**, Clinical Instructor in Minor Surgery, Dislocations, and Bandaging.
- M. Hammond, M. D.**, Clinical Instructor in Gynæcology.
- Theo. Griffin, M. D.**, Clinical Instructor in Rectal Diseases.
- M. D. L. Isley, M. D.**, Clinical Instructor in Genito-Urinary Diseases.

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**The Los Angeles Eclectic Polyclinic.**—These brief notes on Eclectic Colleges would be incomplete without mention of this institution, organized at Los Angeles, California, for post-graduate study only. It was organized July 1, 1905, by Dr. O. C. Welbourn, assisted by Drs. J. A. Munk and L. A. Perce, who are also the present active managers of the institution. Among its leading teachers are some of the best Eclectic talent on the Pacific Coast. Dr. J. A. Munk, of the faculty, is an author of distinction, having written "Arizona Bibliography" (in 1900), and "Arizona Sketches" in 1905. Previous to the establishment of the school a journal was begun in August of 1904, titled *The Los Angeles Journal of Eclectic Medicine*, Dr. O. C. Welbourn editor in chief. The school was first located at 445 South Olive Street, and then Suite 337 Douglas Building. It now occupies commodious quarters in Suites 336-337-338, Douglas Building. The first faculty is still unbroken and is that appended. Six students attended the first and second years. One graduated the first year, three the second. A six weeks' course is required, the student entering at any time. Clinical facilities are abundant in Dr. Welbourn's Hospital. The Dean is Dr. J. A. Munk, 337 Douglass Building. The secretary, Dr. O. C. Welbourn, 303 Grant Building, Los Angeles, Cali-

fornia. The special objects of this school are: To teach disease conditions as modified by the climate of Southern California; to demonstrate the latest methods of surgical technic; to afford facilities for a thorough review of theoretical branches; and to provide modern laboratory apparatus for the study of pathology and bacteriology. The present faculty is as follows:

J. A. Munk, M. D., Climatology.  
 L. A. Perce, M. D., Practice of Medicine.  
 H. Scott Turner, M. D., Obstetrics.  
 E. R. Harvey, M. D., Diseases of Children.  
 J. C. Solomon, M. D., Eye, Ear, Nose, and Throat.  
 O. C. Welbourn, M. D., Major Surgery and Gynecology.  
 L. Paul Zahn, M. D., Minor Surgery and Physiology.  
 A. O. Conrad, M. D., Electro-Therapy and X-ray Materia Medica.  
 J. Park Dougal, M. D., Pathology and Bacteriology.  
 H. Ford Scudder, M. D., Anatomy and Chemistry.

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**COLLEGE STATISTICS.**—We frequently see reports of state board medical examinations which are misleading and to the detriment of Eclectic Medical Colleges and their graduates. This arises from the fact that mere figures, without explanation, are not always to be relied upon in determining judgment. Thus a physician long out of college, and, of course, behind in technicalities, desires to remove from one state to another. He takes the examination and fails. If he is the only one of his branch of the profession taking the test the record reads 100 per cent failure. In some states are but few Eclectics and but few have sought admission. When an Eclectic applicant such as we have referred to above, is the only one of his school attempting the examination and fails, it is recorded that 100 per cent of Eclectics fail. This, without qualification is hardly fair, even as statistics go. Such is not the case with those now trained in the Eclectic Colleges who are well prepared in all the branches required by the state boards. Recent graduates seldom fail, and, as a rule, the Eclectic graduates have greatly surprised examining boards by the high grades obtained. In support of our position let us quote a recent editorial by Dr. John K. Scudder, an authority on the subject, in the August number of the *Eclectic Medical Journal*.

**College Statistics.**—We have prepared a schedule of the graduates of the Eclectic Medical Institute for the years 1900 to 1905 inclusive, showing the registration of each graduate. Total number of graduates, 174; 95 registered on diploma in states, 108; 102 registered on examination in states, 112; number who have not applied for registration, 8; number failed after one or more trials, 5.

## SUBDIVISION OF REGISTRATION BY STATES.

STATE.	On Diploma.	By Examination .....	Failed .....	Total .....
Alabama .....	...	1	...	1
Arkansas .....	...	2	...	2
California .....	1	1	1	3
Colorado .....	2	...	...	2
Florida .....	...	2	...	2
Georgia .....	...	2	...	2
Illinois .....	...	10	...	10
Indiana .....	...	21	2	23
Indian Territory .....	2	...	...	2
Iowa .....	...	...	1	1
Kansas .....	1	4	...	5
Kentucky .....	14	3	...	17
Michigan .....	2	1	...	3
Missouri .....	2	4	...	6
Nebraska .....	1	...	...	1
New York .....	...	1	...	1
Ohio .....	80	18	...	98
Oklahoma .....	1	1	...	2
Pennsylvania .....	...	19	...	19
Tennessee .....	...	1	...	1
Texas .....	1	2	...	3
Washington .....	...	1	...	1
West Virginia .....	...	15	...	15
Wyoming .....	1	...	...	1
Oregon .....	...	3	1	4
Totals .....	108	112	5	225

Five failures in 117 examinations, show a percentage of less than five per cent; some failures must be attributed to individual students, and some to unfair State Board examinations. If the Eclectic Medical Institute can continue this good record no one need have much fear of her ability to turn out graduates qualified to pass State Board tests, in addition to their unusual success in the practice of medicine. These statistics are full and accurate and cover a period of six years, and should somewhat overcome the effect of partial, imperfect, and incomplete statistics appearing spasmodically in the medical press. Counting in the failures of occasional graduates who have been out of college from seven to twenty-five years, would increase our total percentage of failures, but these should not be counted in a strict reckoning, as they graduated years ago when state tests were not required. We shall be glad to publish similar statistics of any of the other Eclectic Colleges.

A tender, painful swelling just at or beyond the upper, outer border of the breast, and near the edge of the pectoralis major, is usually an inflamed lymphatic gland. In its presence it is well to look for some skin infection about the waist line, *e. g.*, furuncles, which are not rare at this site as a result of irritation by the corset. *Per contra*, with a boil, abscess, dermatitis, or other infection at or above the waist line, one may be on the lookout for glandular enlargement at the point referred to.—*American Journal of Surgery.*

## SELECTED ARTICLES.

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### THE MEDICINAL TREATMENT OF DIPHTHERIA.

H. L. HENDERSON, M. D., ASTORIA, ORE.

The medicinal treatment of diphtheria naturally divides into two divisions: Constitutional and local. In this essay we will not in any way refer to the sanitary and hygienic treatment of the patient, nor will we consider those extremely malignant forms of the disease that fortunately are rarely met with, in which the patient succumbs in a few hours to the malignancy of the infection. In my professional life, extending over a period of now nearly twenty-four years, in which time I presume that I have treated as many cases as has the general average of physicians, I have never yet felt the necessity of the use of a microscope to enable me to diagnose this disease, and at the same time I do not lay any claim to special diagnostic acumen.

I fear that there have been many lives sacrificed on the altar of the microscope; because the time lost might well have been better spent in treating the case. Each case is a law unto itself, and no two cases can or should receive the same treatment. Each feature presented in a given case must be specifically treated if success is to crown the efforts of the physician. The man who treats diphtheria, or for that matter any other disease, by a set system will furnish a rich harvest for the grim reaper. The patient must be closely studied, and the treatment must be directed to the patient. The disease is not an *entity*, but is a wrong state of the activities of the body. The effort of the physician must be directed toward removing obstructions in the path of nature, as she wisely endeavors to bring about normal life.

If we take a perspective view of a given case, we will at once observe that one or two groups of symptoms seem to be more prominent than are the others, so that to them we direct our principal treatment. Thus, in one group of cases we see that wrongs of the circulation are the most prominent features in the case. In another group the temperature shows the most prominent feature. In another

group of cases we find that the faucial condition is the most prominent, and should receive the closest attention. In another sepsis will seem to be the point to which we must direct our treatment. And thus other features will appear from time to time, and each must receive its proportionate attention. By viewing a case in this light, we see that one or possibly two medicines or methods will take precedence of the others. In my own work I am accustomed to guarding well the stomach, and keeping it in the best possible condition, thus facilitating the absorption of remedies and nourishment. I am sure that such a plan is of first importance.

We will try to bring to our mind's eye a typical case of diphtheria, and to it we will apply the analytical discrimination and therapeutic selection, as indicated in what has been already said. Is the case one in which a wrong of the circulation is the most prominent feature? If it is, then we will carefully scrutinize that wrong of the circulation, and ascertain what is the pathological wrong that has produced it. If it proves to be a case in which the irritability of contractile fiber is exalted, giving us a rapid, small, hard pulse, then we will give a small dose of aconite, repeating it often, and soon the circulation will yield to its influence, and the circulation approaches the normal standard. Is the increased and excited circulation a result of an exaltation of the contractility, or rather tonic, of muscular fiber? If it is, then we will give *veratrum* instead of aconite, in a small and frequently repeated dose, and soon the circulation will approach the normal. If the circulation is oppressed and congestion of a passive type is a prominent feature, we will give belladonna, possibly combined with muriate of ammonium. In some cases the belladonna will be replaced by lobelia, if the heart shows that it has a load too heavy for it to carry, and the patient complains of precordial oppression; and if the patient is too young to make intelligent complaint, we will interpret the oppressed condition by noting the breathing and the expression of countenance. In another group of cases we will note that probably the most prominent feature in the case before us is the intense engorgement of the lymphatic glands and channels. In that case we will give *phytolacca*, or it may be that in a certain case the iodide of lime will suit best. We will give one of these remedies until the lymphatic involvement yields to their action.

In still another group of cases sepsis stands out prominently as the element in the case that deserves first attention. If so, we will

note the leading feature in that sepsis. All sepsis is not alike. Is there sepsis with sodden bluish tissues? Then we will administer baptisia. Is there a marked cadaveric odor? Then we will give chlorate of potassium. Is there sepsis with pallor of mucous membranes and a pasty, whitish exudation of a sticky mucus? Then we will give sulphite of sodium. Is there a general evidence of sepsis, with nasty fetid excretions, seemingly from all surfaces and emunctories? Then we will give echinacea. I have found this remedy indicated more frequently than all others in this line combined.

If the mucous membranes are red, with septic evidences showing that the alkaline constituents of the blood are in excess, at the same time that the sepsis is progressing, then we will use as our constitutional antiseptic sulphurous acid. If there is a tendency toward gangrene in the faucial tissues, with septic conditions generally, then we will give both internally as well as locally turpentine, or possibly alcohol. Other constitutional antiseptics might be indicated in certain cases, but we will let these suffice as types of others that might be necessary.

We will next turn our attention to the local condition, or manifestation of the disease. I conceive that the essential feature in treating the local condition is to limit the deposit of false membrane both in its extent and in its thickness. In the four cases of this disease which I have been so unfortunate as to lose during my professional career, two of them died from asphyxiation, due to the thickness of the fibrinous deposit. The remedy that will almost instantly place a limit upon the extension of the membrane, and at the same time will cause that already deposited to melt, almost like snow before a bright sun, is a solution of lime and sulphur, and at the same time it is absolutely non-irritating and non-poisonous. I may apply it either as a spray, a wash, or a gargle. I have never seen a single case during the last eighteen years in which the membrane extended or thickened after this remedy was regularly and thoroughly applied.

In another case, with limited exudate, but with great amount of sticky mucus in the throat, I would prefer to use peroxide of hydrogen, or possibly a solution of borax. In another case the tissues of the throat seem to be edematous and boggy. There we will use a mild solution of iodine. In another case we will find the tissues taking on an erysipelatous appearance, in which case we will apply a



mild solution of muriate of iron and chlorate of potassium. If the tissues take on a gangrene-like condition, then we will use either turpentine or alcohol, as mentioned before, or we will apply the full strength tincture of echinacea. Other remedies that are efficient local antiseptics might be mentioned, but these as named will indicate the rules to be followed in selecting the one that will best accomplish the given purpose.

If an exalted temperature is one of the most prominent symptoms in the case, and it fails to yield to the arterial sedatives and the constitutional antiseptics as indicated, then we will give the patient the benefit of the repeated tepid bath. We will never give any of the coal tar derivatives for this purpose, for we do not wish to impede the heart action with that kind of a remedy. Of course we will find cases in which we will be compelled to direct some remedy toward quieting the excited nervous system. When that case is seen, we will first think of *passiflora*. Then bromide of ammonium. *Hyoscyamus* is also excellent in some cases, as well as *rhys tox.* The selection of the correct remedy for this purpose must always be governed by the same judicious care, remembering the action of each, as in the selection of other remedies for special purposes in the given case.

I wish to say something at this juncture in this essay as to the medicines used. I am firmly of the opinion that when a physician gives a remedy intending and expecting that it will bring about a certain end, and it fails to do so, in that case either the medicine is at fault, in either quantity or quality, or else the physician has made a mistake in the selection of the remedy. It is sometimes, in these failures, the quality of the medicine. I am accustomed to using "Specific Medicines," and they have never yet disappointed me. Having never disappointed me, I have had no occasion to become acquainted with the action of other medicines.

Thus it will be seen that I have nothing new to offer in the way of the medicinal treatment of diphtheria. I have had the disease myself in a rather severe form, and am willing to trust myself to this line of treatment, if I should ever again be so unfortunate as to become afflicted with this disease. I have yet to find the case in which a careful analysis and judicious and intelligent selection of remedies has made me wish that I had other remedies than those as indicated by the foregoing enumeration. As intimated before, in a practice of nearly twenty-four years, I have

had the misfortune to lose four, which is a far better percentage of mortality than I think can be promised by any of the enterprising manufacturers of antitoxin. I have never had a case of paralysis, or any of the other repulsive sequels that often follow the use of serum therapy. I feel confident that no act of mine has ever contributed to the death or maiming of a single patient. I am satisfied to treat my patients along this line just so long as I have equal results as those of the past.

It might be asked, How do you know that the remedies will do the things indicated in the manner as outlined? To such a question I must make this answer: I have not the space and time to write a treatise on therapeutics. The knowledge that remedies will accomplish these ends is within the reach of all. Any of the standard authors will, when consulted, clearly point out the road to follow, not only in this disease, but all others as well. Some one might say: I do not believe that remedies are governed by a specific and definite line of action, as indicated in this essay. To such I can only say: There are people in this world who do not believe that the earth revolves around the sun; yet their unbelief does not alter the fact. Another might say: Ah, these are the Scudder ideas. These are no more the Scudder ideas than is the fact that the sun is a fixed body in the celestial universe a Galileo idea. They are great and inflexible truths, that can be demonstrated by any one who will take the trouble to industriously investigate them.

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## TREATMENT OF VALVULAR DISEASES OF THE HEART.

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In no class of diseases is it of greater importance that the best of judgment and careful discrimination be exercised than in the treatment of valvular lesions. So intricate is the mechanism of the heart and its valvular control that medicine administered without discrimination can do harm. It is a common fault among prescribers to administer cardiac stimulants, without regard to existing conditions. These can readily disturb the compensation and without doubt have contributed to its rupture. On the other hand,

heart sedatives, while among our most important remedies, if not judiciously applied, may readily be made to exercise a harmful depressing influence.

During the stage in which there is sufficient compensation the treatment will necessarily differ from that of the stage in which compensation is lost. In either case it must be borne in mind that the treatment of heart disease should be constitutional in all its bearings. As constitutional conditions depend upon the heart for the perfection of all operations within the body, so inversely, disease of the heart is influenced by a perfection of constitutional conditions, and a normal performance of organic functional operation.

The first consideration in the treatment is rest. This is insisted upon by all authorities. While persistent, unremitting physical labor results directly in heart lesions, there is no doubt that disease of this organ is perhaps often more common among brain workers than among those who exercise persistent physical activity. Not only does brain work throw a great strain upon the heart muscle and on its arteries, but those who engage in severe mental labor neglect physical exercise, and consequently there is an improper balance between the nerve exhaustion and the proper exercise of physical force, resulting in progressive general physical debility.

Rest, therefore, not only of the muscular system, but of the brain and nervous system as well, is of the utmost importance. A plan of life should be laid out for the patient in which there should be a fixed number of hours spent in bed, with an equally exact time for quiet, unexciting, out-of-door exercise, except when there is disturbances of the compensation of a serious character, in which the patient must remain in a recumbent position for days at a time. In cases where there is sufficient compensation the patient may be engaged in some pleasant employment which occupies the mind, but is not at all fatiguing to the body. He must avoid places of amusement which will produce excitement and must avoid anxiety, and especially anger, and must follow a somewhat "hum-drum" course of life continuously. Under no consideration should active exercise, such as lifting, carrying, stair climbing, or bicycle riding be indulged in, and the use of tobacco and stimulants must be sedulously avoided.

On the other hand, a protracted existence in the open air, and exposure to sunlight are of direct benefit. These conduce to a good appetite, to cheerful spirits and to perfect sleep, all of which are of

vital importance. These statements are especially true because the tunics of the heart and of its valves are easily influenced by defective nutrition, consequently the highest degree of nutrition must be maintained with the least possible effort on the part of the digestive and assimilative organs. Anemia not only results in influencing most materially the character of the heart tone, but it prevents oxygenation of the blood, and thus increases the essential work of the heart.

In selecting any remedial agent, therefore, it must be borne in mind that nothing must be given which will in any way disturb the action of the stomach or intestinal tract. This is an important consideration in selecting digitalis as a remedy, because, while it is of importance in many conditions, it often is not well borne by the stomach. These facts emphasize the statement previously made that all existing conditions of the system, or of organs other than the heart, must receive the most careful attention when adjusting a plan of treatment of valvular lesions.

Inasmuch as a large proportion of heart troubles depend upon the extent of those conditions which induce rheumatism, it is of vital importance that rheumatic tendencies of all kinds be overcome entirely by the best selected methods. This can be accomplished in part by careful elimination and by the adjustment of a proper diet. In a large number of cases the exclusion of nitrogenous food will materially assist in eradicating the condition. Tea, coffee, and tobacco must be excluded, as well as the use of alcoholic liquors, and cocoa also, with many patients, is injurious. In other cases a careful selection of meat diet and albuminous food is necessary, to the exclusion of starchy principles. Each case must be studied separately to determine a proper food adjustment.

As routine treatment we are safe in prescribing hydrastis, nuxvomica, and iron during a prolonged period. The result of the action of these three remedies is both direct and indirect restoration of the red blood corpuscles, and restoration of the highest degree of functional activity on the part of the gastric and intestinal glands, and of the large glandular organ. This greatly improves the tone of the nervous system and encourages the exercise of the best possible nervous influence upon all organs. In giving nuxvomica the agent must be given in small doses, and when any irritation of the nervous system appears it should be discontinued for a short period or until it will not act as an excitant.

Hydrastis is always acceptable. It may be given either in the form of a powder, which is desirable when the coats of the stomach are diseased; or colorless hydrastis when there is evidence of weakness of the arteries or veins; in the form of a heavy fluid extract when the muscular system is out of tone, and the alkaloid hydrastin or berberin should be given when the remedy is required for its direct influence upon the central nervous system.

In selecting a preparation of iron, I have for many years prescribed the ethereal tincture of the perchloride, made according to the German Pharmacopoeia. I give this in doses of from two to eight minims, three, four, or five times a day, diluted with water. I have had opportunity to compare this with our own tincture of the perchloride and have in every instance decided that I obtained the best results from the German tincture.

Other remedies with which to accomplish the result of those above named are the bisulphate of quinine in small doses, or an elixir of the calisaya and iron, and phosphorus. To this last could be well added collinsonia, avena sativa, gentian, colombo, and occasionally cimicifuga and the arsenate of strychnine. When the function of digestion is greatly impaired, artificial digestion must be used with all food, and cod liver oil and malt preparations may be prescribed in selected cases to advantage.

In treating the conditions existing with the heart lesions each should, if possible, be considered separately. There is a class of cases, notably those of the mitral and tricuspid valves, in which there is marked pulmonary congestion. Congestion also occurs in other heart faults, where the tension is low and where the capillary circulation is impeded. In these cases belladonna is a remedy of much importance. It should not be given continuously for weeks, but may be given for perhaps seven days and then discontinued for two or three days, to be prescribed again for a similar period and again to be discontinued. The doses should be small and its marked physiological influence upon the secretions should be avoided. Congestion of the liver and of the gastro-intestinal mucous membranes, which is common at this time, is directly antagonized by this remedy, which, if given with hydrastis and nux vomica, above referred to, promotes other influences which greatly enlarge their field.

It is often necessary to treat the liver directly. I have found, as a result of congestion of this organ, a diffused tenderness over its entire area, with small, quick, sharp cutting pains. These indicate

the use of bryonia, and it is surprising how quickly its influence will be observed. At other times stagnant portal circulation, with deficient excretion of bile, as shown by a slight jaundice and constipation, with clay-colored feces when passed, may be met with leptandrin, iris, chionanthus, euonymus, or chelidonium as the indicated remedies. At other times sodium phosphate alone, in hot water, four or five times a day, will be of great service, or this salt and the bitartrate of potassium will be of service if there are evidences of excessive acidity.

General symptoms may not appear until just preceding or attending an immediate rupture of compensation. At this time more active medication will be demanded. Belladonna, however, will meet many of the general indications, as it is a mild stimulant to the capillary circulation, and sedative to heart irritability, while it overcomes congestion.

Perhaps no remedy in the therapeutics of valvular disease has had more attention than digitalis. It has been thoroughly studied until its action is well understood. It is to be regretted that other of our heart remedies have not been as thoroughly studied. However, opportunity has not yet presented with several of them, as they are comparatively new. Digitalis, fortunately, acts to a better advantage when combined with the tonics which we have just named, and more particularly with iron. Its influence is slow, not pronounced in tonic properties until it has long been given, and as there is danger of cumulative influence it must be given in small doses, frequently repeated. From three to five drops of the tincture, every three or four hours, will be sufficient. This influence should be watched, for it diminishes the number of heart beats, increases the force of the pulsation and increases also arterial tension; at the same time it augments the urinary discharge. It conduces to a filling of the coronary arteries, and if there is a progressive improvement in the character of the blood, this improves the tone of the heart muscle. It must be remembered, however, that this agent increases the irritability of the fibrillæ of the heart muscle, and this condition at times is undesirable.

If a pronounced action upon the kidneys is desired the remedy must be given in infusion. In dropsical conditions, when extreme excretion is desired, it is best to undertake this result through one set of emunctories only at a time. It is not desirable to stimulate the skin or kidneys and the intestinal tract at once. In fact, it is

difficult to obtain simultaneously a free action from the kidneys and the skin. The free action of digitalis upon the kidneys has been accomplished by applying a poultice of digitalis leaves steeped in hot water, across the loins.

The profound stimulating influence produced by large doses of digitalis upon a very feeble heart has resulted in sudden death a number of times when the patient, after having been lying down, would rise quickly to a sitting posture. The heart has not been able to quickly adjust itself to the changed conditions. There is dizziness, rapid and feeble pulse, difficulty of breathing and cyanosis. If, during the use of this remedy, these symptoms occur, with headache, vertigo, and distorted vision, the remedy must be immediately discontinued. In aortic stenosis digitalis is positively contra-indicated.

The action of *cimicifuga* upon the heart is similar to that of digitalis when the cause of the disorder is in the muscular structure of the heart or when it results from a rheumatic diathesis. It removes the causes of the disease, improves the tone of the heart muscle, encourages nutrition, and acts as a sedative to any existing nervous irritability. It is of value also in angina pectoris and in functional irregularity of the heart, where there is marked irritability. In the early stages of valvular disease, with no apparent heart weakness, the irritability will be relieved by the action of this remedy given in conjunction with gelsemium.

The action of *cactus grandiflorus* in this class of disease we believe to be in many ways superior to that of digitalis. This remedy increases the musculo-motor energy of the heart, elevates arterial tension, increasing the height and force of the pulse wave. This is accomplished by increased heart action through stimulation of the vasomotor centers and stimulation of the spinalmotor centers. It increases their activity by improving the general nerve tone. It is the heart tonic par excellence, as it produces stimulation from increased nerve tone in the heart through improved nutrition of the entire nervous and muscular structure of that organ. It produces no irritation of the heart muscle like *strophanthus*, nor gastric irritation or cumulation like digitalis. It also exercises a direct influence over the sympathetic nervous system, regulating its action, restoring normal action, whatever the perversion, and acting directly upon the cardiac plexus, it regulates the functional operations of the heart.

Investigations have proven that this remedy increases the contractile power and energy of the heart muscle through the intercardiac ganglia and accelerator nerves. It certainly improves the nutrition of the heart, as we have noticed the entire removal of progressive valvular murmurs after its continued use. It will thus be seen that it is indicated in a large proportion of valvular disease and seldom contra-indicated. It may be prescribed with confidence whenever the heart muscle is enfeebled and whenever there is a progressive valvular insufficiency, with irregular, intermittent, feeble pulse, and in any form of regurgitation. It is of wider value than digitalis, as it also materially assists in the restoration of the nervous system and in the improvement of the nervous tone. The remedy need not be given in large doses usually. From two to five drops of specific cactus every three or four hours will be sufficient ordinarily, yet, in an occasional case of extreme weakness of the heart muscle, from ten to thirty minims may be given with impunity, as no toxic properties have as yet been observed.

Strophanthus is given as a remedy for valvular disorders when there are disturbances of compensation. Its influence, however, is narrower than that of either digitalis or cactus. There is good authority for believing that it acts by contact upon the heart muscle, producing muscular contraction by irritation of the muscular fibrillæ. It does not influence the vascular system to any great degree. It does not greatly improve the tone of the heart, or of the nervous system. This explains its limitations. Vacci claimed that strophanthus materially assists in the appropriation of iron. This, if true, would be an important influence in those cases accompanied with extreme anemia.

Germain-Sée mentioned the following influence of convallaria majalis in valvular disease. In mitral constriction, especially when it is accompanied by failure of compensation on the part of the left auricle and right ventricle, the contractile force augments visibly under the convallaria, as the syphgmograph testifies. In mitral insufficiency, especially where there are pulmonary congestions, and when, as a consequence, there is dyspnoea, with or without nervous trouble of the respiration. In dilatation of the left ventricle, without compensatory hypertrophy, it restores energy of the heart, which tends to become more and more feeble and dilated. In dilatations of the heart, with or without fatty degeneration, with or without sclerosis of muscular tissue, the indications for convallaria are



clear. In all cardiac affections indifferently, from the moment that watery infiltrations appear convallaria has an action evident, prompt, and certain.

Lycopus has a field in this class of troubles that is important, although limited. It tranquillizes the action of the heart, removes irritability and promotes normal capillary activity throughout the entire respiratory apparatus. This is especially important when in mitral or tricuspid stenosis the marked pulmonary congestion results in hemoptysis, with more or less cough. It has no depressing influence, but rather promotes the tone of the heart muscle.

Caffeine is of importance when from failure of compensation immediate exhaustion is threatened. It stimulates the heart without irritation, overcoming depression from any cause, and encouraging a smoothness of action. It is indicated where extreme feebleness results from dilatation in the presence of valvular insufficiency or fatty degeneration. It is an important remedy in proper combination in certain cases of dropsy.

A remedy of great importance in valvular insufficiency is apocynum. It has been given when strophanthus and convallaria had failed. It acts similar to digitalis and enhances the influence of cactus in dropsical conditions. It promotes actively the removal of pericardial effusions and increases the tone of the heart muscle. It will often cure extreme cases of dropsy which depend upon valvular disorders. Its influence must be carefully studied. In the ordinary preparations it occasionally irritates the stomach and intestinal tract, except when given in very small doses, but the distilled extract is perhaps fully efficient as any other form and does not produce irritation.

Crataegus oxyacantha was brought before the profession a few years ago as a remedy for atheromatous conditions and valvular troubles resulting therefrom. While a few startling results have been announced in pronounced cases even where there was failure of compensation, there are other similar cases in which the remedy has been prescribed by a number of physicians with no marked results. I have obtained the best results from this remedy, in that class of cases where, from violent exercise, from prolonged exhausting overwork, or nervous shock, sudden or acute neurasthenia had occurred, and from which evidences of heart weakness, with perhaps some dilatation, accompanied with severe dyspnoea on any exertion, was accompanied with regurgitant murmurs. In these

cases the influence of the remedy was pronounced, all heart sounds disappearing after using it for a few weeks. Nerve tonics, however, were given conjointly, and rest was enjoined, with concentrated nutrition.

The dropsy resulting from valvular insufficiency, or from heart disorder, must be directly combated. In addition to the use of apocynum we have a number of other remedies which are efficacious, but which do not, like apocynum, act directly upon the heart. Among these are haircap moss, birch bark leaves, sourwood leaves, as well as the well-known hydragogue cathartics, such as elaterium, magnesium sulphate and potassium bitartrate. These may be selected with reference to other and more exact action, and the dosage should be adjusted to the patient. In some cases large, active doses only will be beneficial, while in weak and more prostrate cases small doses, frequently repeated, will often accomplish a more desirable result.

Massage and proper muscular movements are advantageous in the treatment of valvular disease. These all are conducted with reference to encouraging the movement of the blood through the veins and promoting a free return of the blood into the right auricle, in order to relieve as much as possible the heart strain and the muscular action of the heart. The benefit in such a case is sometimes pronounced from the first. This idea has received considerable attention at times and a number of systems have been evolved, a knowledge of which may be readily acquired and easily applied. So serious are these lesions and of such vital import, that not only direct treatment should be used, but every auxiliary measure possible.—*Chicago Medical Times*.

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### BLUE BABIES.

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There is an impression which is quite prevalent not only with the laity, but also with the profession, that a baby which becomes blue after birth will not live but a short time. Quite often this is true as I know from a personal experience. But when they do survive they give so much trouble (all babies do) to those caring for them that the original trouble is forgotten, but when such a child dies it is always remembered and the prophecy goes down

that blue babies will always die. This is the reason that blue babies are supposed to have no chance for recovery.

Another error which is very common and which is limited to the profession is that they ascribe the blueness almost exclusively to disturbances of the circulation due to patulous condition of the foramen ovale which would permit the blood of the right and left auricles to mingle. But truthfully the patulous condition of the foramen ovale is only a small factor in the cause of these disturbances. It is even possible that when it does so it is when the auricles have been overdistended from some other cause. I may state that the per cent of patulous foramen ovale in the adult has been proven by very careful post mortems in several hundred cases to be 26 per cent. In a great many of these, possibly one-half of them, the opening was found large enough to admit the passage of a lead pencil. The opening was very oblique, so much so that there was at least a quarter of an inch overlapping. These are hard to see and must be looked for to be found. The direction of the canal is forward from the right to the left auricle, being entered from the former at the anterior edge of the fossa ovalis. Sometimes the opening is very small, only admitting a small probe, and occasionally there are several very small openings.

Communication may exist between the ventricles, but this is very rare and is necessarily fatal although a few cases are on record where the child has lived several years in this condition. In this condition life would depend upon the muscles of the right ventricle becoming sufficiently hypertrophied to counteract the pressure from the stronger left ventricle so that it can not throw a stream of blood into its neighboring compartment. Endocarditis during intrauterine life may be the cause in some few cases of valvular diseases in the new born. If it occurs at this time it is generally without warty excrescences, being characterized rather by wasting and agglutination of the valve segments and chordæ tendinæ. There is therefore stenosis with regurgitation and the most of the trouble is upon the right side of the heart for the reason that this does most of the work in the foetus. These cases are necessarily fatal. The pulmonary artery may be narrowed either by disease (endocarditis) or by arrested development, in either instance impeding the progress of the blood into the heart and causing a damming back of the blood into the right heart and large venous trunks, with consequent cyanosis and event-

nal dilation or hypertrophy of the heart on the right side. If hypertrophy is sufficient to force sufficient amount of blood through the pulmonary artery the child will live and may become a useful member of society. But it will always be necessary to be careful and avoid any great strain or excitement as we are liable to fatal heart failure. This condition causes a systolic murmur over the second and third interspace close to the sternum and at the apex of the heart, but they are not transmitted to the carotids. A thrill may be heard in the anterior chest wall and the area of dullness (cardiac) is naturally increased on account of the enlargement of the right heart, either from dilation or hypertrophy or both. Sometimes the ductus arteriosus remains open permitting the passage of venous blood from the left branch of the pulmonary artery to the arch of the aorta. These cases are not at once fatal and some live to middle age, but their circulatory defect sticks by them and makes them short of wind, apt to get blue in color and be subject to attacks of pulmonary inflammation and dropsy. Aortic stenosis is commoner than that of the pulmonary artery, and this is not to be wondered at when the lesser strain upon this vessel during foetal life is considered. These cases as a rule do very well and live to middle life or even old age, but stenosis of the mitral orifice is nearly always fatal. Many other anomalies due to defective development might be mentioned, but they do not belong in a paper of this kind, for instance cases of transposition, multiplication or absence of valves, ectopia cordia, and constriction of the main vessels. A great number of blue babies recover, though we never ascertain the cause of their trouble, and others die for the same reason and the added self-evident one that they did not get proper treatment.

Cyanosis in the new born is habitually ascribed to heart troubles such as I have mentioned, to lung affections like pneumonia, collapse and pleuritis, to blood degeneration, to disease of or injury to the respiratory center in the medulla, or the occlusion of the flow of the air or blood into or out of the lungs. All these causes are looked for within or above the chest, that is above the diaphragm. There are other causes of cyanosis coming from troubles below the diaphragm in the abdominal cavity that are usually readily corrected by treatment.

We have all seen blue babies die in spite of all means devised to keep them here and others have made perfect recoveries. Some

of the disorders effecting the abdominal viscera are occasionally accompanied by marked blueness of the skin and notably of the lips and nails and finger tips. At times this seems to be mechanical and at others reflex or at least indirect. Obstructed flow of bile into the duodenum with absorption of bile and consequent jaundice has been the cause of blueness. Splenic enlargement and overdistension of the stomach may also be a cause of dyspnea. Distended liver may impede the heart's action. It will therefore be seen that it is a good idea to look the blue baby over carefully for other than direct circulatory troubles for its condition. If the heart's action is weak it should be reinforced by some appropriate heart tonic. If the liver is at fault unload its clogged organs, but it must be remembered that the liver is very large at birth and is very full of blood. Many cases of blueness and coldness of the lower extremities is due to a clogged and overdistended liver retarding the upward passage of the blood through the vena cava. Nor should it be forgotten that the liver is separated from the heart only by the thin diaphragm. Simultaneous upward bulging of the stomach and liver would crowd the heart so much that it would be very much interfered with in its function. This is often avoided by the position of the infantile stomach which allows easy emesis, but when this organ is filled with a large milk curd, the accumulation of several successions of feedings the organ is powerless to empty itself through either orifice and death is the result.

In cyanotic conditions of infants it is well to remember Prof. Meigs' direction: Place the child on its right side with the body inclined at an angle of 30 degrees, the head being the highest part. This places it in the correct anatomical and mechanical position. It maintains the left auricle perpendicularly above the right and the blood must therefore pass into the pulmonary ventricle from the force of gravity alone. In cases depending upon malformation no results should be expected from this or any other position. In connection with this the child should be kept as warm as possible. By this I mean up to body heat or as near as can be done. Keep the child quiet and do not allow it to fret and cry. Feed it properly, brace up its weak heart, deplete its overloaded venous system by the bowels that the liver engorgement be relieved and that the stomach digestion be promoted.—*The American Medical Journal*.

# CURRENT ECLECTIC MEDICAL LITERATURE.

## The Eclectic Medical Journal.

Vol. LXVI, No. 7. July, 1906.

- |   |                     |
|---|---------------------|
| 1. Some of the Founder's Remedies, - - - - -          | JOHN WILLIAM FYFE.  |
| 2. The Merger Proposition, - - - - -                  | HERBERT T. WEBSTER. |
| 3. The Imagination a Factor of Health and Disease, -  | ALEXANDER WILDER.   |
| 4. The Pathology of Specific Medication, - - - -      | WM. P. BEST.        |
| 5. Lloyd's Foreign Letter No. 3. The Suez Quarantine, |                     |
| 6. Myrica Cerifera, - - - - -                         | J. A. BURNETT.      |

1. Dr. Fyfe contributes a chapter to the therapeutic history of the American materia medica as gleaned and condensed from Beach's American Practice of Medicine. The synopsis covers fifty-two remedies and the paper will prove valuable to one making research into the early remedies of our school, without necessitating a page to page inspection. The paper is too lengthy to abstract, and should be read in full.

2. Dr. Webster defines the word "merge" and discusses the merger proposition in his usual convincing manner. He relates that the *California Medical Journal* favorably commented on merging with the regular and homœopathic branches of the profession, suggesting that the feeble state of the California Medical College justified such a procedure. This, to Dr. Webster, appears to be "an acknowledgment of defeat and a desire to crawl inside the lion and lie down in lamb-like meekness." When we are defeated, he says, let us submit stoically and not ask our adversaries to take us in. The proposition, he considers as short-sighted, and states that because of bad management, a mixed faculty, and some therapeutic nihilists, the college has made a losing fight, or nearly so, and there is a lukewarm constituency among the alumni. They should remember Eclectic medicine is in a flourishing condition elsewhere, and it is unfair to surrender their identity in central California. He scores the mixed faculty composed of Eclectic, regular, and homœopathic teachers, however liberal the latter two may be, as bad policy and tending to weaken faith in specific practice. Such are not capable of teaching Eclecticism. Dr. Webster says:

"I am sorry to see that the Eclectics of California are not broad-minded enough to realize that they owe something to the Eclectics

outside of their own State. Eclectic medicine was not created here, but was founded upon what had already been established in Cincinnati, New York, Chicago, and other portions of the Union. They have no right to attempt to drag it in the dust because they are virtually beaten. The condition is not due to the fault of the principles, but to the bad management of the manipulators. Why should such presume to pull down the credit of the school at large by surrendering to a merger? If the move exerted any influence, which might be doubtful, that influence would be a bad precedent for our cause in other States, where judicious management and able teaching are making it successful. We have led in therapeutics for years, and there is no reason why we should not lead yet, if we will be industrious physicians, and not petty politicians merely.

"California ought to support one Eclectic medical college, and support it well. The legislative committee of the State society made a fatal mistake without consulting with anybody except their own dear selves. They listened to the song of the siren—the siren of sugared flattery—and joined issues with the great majority for a composite board with old-school rulings, and have thus surrendered the rights of the entire Eclectic fraternity in the State; consequently, any Eclectic college here must find it extremely difficult to prosper. But sobriety, economy, industry, professional ability and liberality of funds might yet succeed. And now let me make a proposition. The recent disaster of earthquake and conflagration in San Francisco has swept away all vestiges of the old California Medical College. At least that is the present report, and from a recent map of the consumed district this is evidently the case. Then let it go at that; it will be a good excuse for abandoning a weary project. Let the efforts of all genuine Eclectics in the State now be directed toward the encouragement of a reputable college of our faith in Los Angeles. They possess the ability and the morality to do us credit. Their post-graduate school ought to be converted into a regularly organized college for teaching students Eclectic medicine. Let us join hands with them, and drop the idea of a merger. If we can not succeed, let us not stand in the way of others who are likely to, if encouraged. The dean of the Los Angeles Eclectic Polyclinic is a host in himself, and he undoubtedly is associated with men of capability. Our Southern friends have shown that they are willing to contribute to the work, both in funds and labor. They are scholarly, and unapproachable in integrity. They evidently seek the glory of Eclecticism first, not personal benefit. Let us urge upon them that they assume a burden apparently too heavy for San Francisco."

3. After preliminary remarks on the imagination, Dr. Wilder, in the first installment of an article on "The Imagination a Factor of Health and Disease," makes the following pertinent remarks:

"The theories of psychiatry are at fault, therefore, which project forward disorders of the body as causes of mental derangement. We

may admit that when there is disturbance or alteration of the faculties of mind, there is also bodily disorder. When the brain has been injured by some violence, there is often suspension of consciousness or imperfect perceiving of facts. But this does not justify any hypothesis of impairment or destruction of the mind itself. Sensibility is thus interrupted in artificial anesthesia, but the mind, the ego behind the organism, is alive and is wide awake as ever, but in another region of activity. Certainly the memory and imagination seem to have their full swing. The phenomena in these instances correspond to those of a broken instrument. The musical instrument does not itself utter musical notes, nor does it evolve the musician. Yet when it is injured there can be no music, not till it is repaired. All the same, the musician is the same in power and quality; his part in the matter is not impaired. The soul does not age with the body, Emerson remarks; and the musician does not wear out like his instrument. What is more, the instrument can be repaired and all go on as before. The analogy holds even better with the soul and mind. The poet Shakespeare taught sound physiology as well as philosophy when he wrote the lines:

“For of the soul the body form doth take;  
For soul is form and doth the body make.”

“The body is undergoing change in its constituent particles every moment of time, and is affected by every kind of influence. But the mind—and by the mind I mean here the soul in the higher department of its being—is not subject to such waste and wear. It is itself permanent, and maintains the integrity of the bodily organism. It continues to do this so long as no injury occurs to mar, and the requirements of nature are duly heeded and obeyed. So long as it exerts its influence normally and undisturbed, it preserves the health, keeping up vivacity of spirit and temper. But it is as a factor in disease that the imagination seems more generally to be considered. There is a pernicious habit with individuals of taking the darker view of things. It is as when in the transactions of business every one is looked upon as seeking to obtain unfair advantage. Men often regard one another as selfish and dishonest, and with little superior aspiration; as physicians contemplate every individual as in some way distempered, or liable to become so. Such fancies, when widely disseminated, are liable to demoralize a community. Indeed, in epidemic visitations, the principal cause of their apparent prevalence and severity is the excitement produced by a ‘scare.’ This has been observed when the Asiatic cholera raged; but other types of disease have been made epidemic and fatal by these disorders of imagination. The chief injury done by nostrums and proprietary medicines is due to the advertisements rather than to their ingredients. Individuals reading descriptions of disorders and their symptoms are often affected by such symptoms through the morbid fancies which have thereby been induced. Every excitement which disturbs mental equi-



poise and self-control is liable to develop in sensitive individuals the phantasies of disordered imagination."

4. Dr. Best concludes his paper on "The Pathology of Specific Medication" with a consideration of the following remedies.

**Baptisia.**—This remedy has long held a place in the confidence of many Eclectics as a reliable antiseptic. The invasion of the system by any disease of septic origin, or leading to the development of a septic condition, attended with a purple discoloration of the skin, tongue or mucous membrane, suggests to us the use of baptisia as an agent which will aid in clearing the blood and system of the material, which is in a state of change favoring destruction of life. This remedy is a mild agent, and will not correct a putrefactive process that has developed, but it exercises a curative, corrective and antiseptic influence when given as above directed. Better renewal of tissues, and better resistance to the inroads of disease result, and the patient is not burdened with both a depressing disease and medicine.

**Echinacea.**—If there is any agent that deserves the name "antiseptic," and which may be given without fear of doing more harm than good, it is Echinacea. This drug is alike useful externally and internally. It will not fail to do good in the toxemia of typhoid fever, or that of traumatic infection. The antitoxic and antiseptic action of echinacea have been proven over and again, many times, in the treatment of diphtheria, and is second to no agent for combating the toxins of this dread disease. In the streptococcic infection of puerperal septicæmia it will do all any agent can do, and seldom fails to overcome the toxic condition, reduce the temperature, and effect a cure. For several years it has been my chief source of reliance in erysipelas. Where the streptococcic infection is attended with a dark skin, dark-red mucous membranes, echinacea will correct the whole train of symptoms, leading us to the opinion that it renders the system and the liquids such assistance as to make them unfavorable to the germ, and antagonizes the toxic products, encouraging their elimination and the restoration of health. No antitoxine has yet been discovered that is as universal in its application, or as certain in its effect as echinacea has proven itself to be. When not beyond remedial aid, echinacea will counteract the toxic invasion of any part of the body. In surgery we have proven its great value in the correction of septic invasion following both major and minor operations. Streptococcic or gonorrhœal infection following abortions produce a variety of phenomena, which are met by echinacea. In truth every case of this nature presents many opportunities for infection, and we will many times prevent much trouble by administering echinacea as preventative. If there be a mixed infection, anaerobic bacilli having gained access to the parts, producing foul-smelling necrotic tissue, a curettage, followed by douches of  $\mathcal{R}$  Potassium chlorate, 3i to ii, to aqua,  $\mathcal{O}$ i, or  $\mathcal{R}$  Alphozone, grs. v to x, sterile water,  $\mathfrak{ss}$ vi, will be a part of specific treatment. Pure streptococcic infection produces no

odor or foul necrotic tissue, but, as pointed out many years ago by Dr. Scudder, we may have indications for any one of several remedies when the same primary cause is at the base of the illness. The varying phenomena require different treatment, and a careful and specific understanding of these various symptoms will lead to the use of different agents in a like specific manner, and with results not to be obtained by any other means. The phenomena may call for acids, alkalies, echinacea, baptisia, jaborandi, etc."

5. Prof. Lloyd describes quarantine against bubonic plague, in the Suez Canal, in which he was detained on his recent sojourn in Arabia and vicinity. "No rational man can criticise these quarantine regulations," he writes.

6. Dr. Burnett praises bayberry as a remedy, preferring the infusion or specific myrica. He finds it valuable combined with geranium, or capsicum, ginger, and asclepias. It is the only vegetable remedy, he declares, that acts upon the liver and is not a laxative. He cites the experiences of several physicians of the Eclectic physio-medical and homœopathic schools with the remedy in various conditions, introducing no facts of moment that are not already matters of therapeutic record.

Vol. LXVI, No. 8. August, 1906.

1. Character Building, - - - - -	F. J. PETERSEN.
2. The Imagination a Factor in Health and Disease, - - - - -	ALEXANDER WILDER.
3. Fractures and Dislocations, - - - - -	THEODORE BARNES.
4. Lloyd's Foreign Letter No 4, - - - - -	J. U. LLOYD.
5. Reports of a Series of Ten Cases of Diphtheria, - - - - -	CHARLES J. HEMMINGER.
6. Remittent Fever, - - - - -	R. E. SAWYER.
7. Eclectic Materia Medica Study, - - - - -	A. W. HOBBY.
8. An Illustration of a Half-day's Work, - - - - -	W. R. FOWLER.
9. Observations, - - - - -	FLOYD CLENDENEN.
10. Local Tuberculosis, - - - - -	W. B. CHURCH.

1. Petersen, in an uncommonly good paper, points out that no germ will be found to cause crime, but that heredity, pre-natal influence, and environment are the three greatest factors in producing criminals and abnormalities of character. A young man at eighteen committed a cold-blooded murder. He was the son of a respected lady—a good wife, mother, and housekeeper. Dr. Petersen quietly sought for an explanation. The mother told her story. When in pregnancy her mind had been poisoned against her husband and a certain young lady, by gossiping neighbors. Hatred and jealousy urged her on in a desire to kill the latter. She prayed to be saved such a step. The child was born, and eventually the gossip was found to have been wholly without foundation. But the mischief was done. The subsequent murder committed at eighteen

by the son, he attributes to this prenatal influence, for which the gossipers were wholly responsible. The writer justly remarks:

"In all this it must be remembered and understood that environments should be carefully considered in a pregnant woman, especially the last five or six months. Deep impressions on certain faculty or faculties in the brain of the pregnant woman will make a deep impression on that same faculty or faculties in the brain of the unborn child. If this were generally understood, the benefit to humanity would be so great, almost too great to be comprehended by the public in general. I believe it is the duty of physicians to help enlighten the public in general on this most important subject. It can thus be seen that pre-natal influence is our greatest factor in the foundation of character. Environments later are an important factor, and as this latter is so well understood, it will not be necessary for me to go into details in the matter. One fact I wish to mention in connection with the above subject, and it is this: In reforming especially young boys and girls, do not tear down to build up. Appeal to their good qualities, and make them believe that they are of some good in this world, and that they will do better yet in future. Work should be alternated with worldly amusements."

Dr. Petersen believes that from a limited experience in the matter, certain drugs in small doses will eventually be found to influence certain faculties and centers without influencing others, and thus may preformed criminal tendencies be in a measure altered or controlled.

2. Dr. Wilder concludes his paper on the imagination as a cause of health or disease, in a second installment. The paper is pregnant with thought and timely citations and should be read in full to be enjoyed and appreciated.

3. Dr. Barnes urges greater study of fractures and dislocations than is usually given, for these cases require great acumen in diagnosis and the most untiring care. Out of a collected list of 500 suits for malpractice, 75 per cent were for dislocations and fractures. He writes:

"When examining a fracture, these questions will each in turn present themselves for a correct solution: What bone or bones are involved? What portion of bone is injured? Does fracture extend into a joint? If a joint is involved, is the fracture complicated with a dislocation or not? Is it compound, comminuted, or possibly both? If compound, are there spiculæ of bone to be removed? What the extent of injury to the soft parts? Is there evidence of injury to blood vessels and nerves? If so, to what degree? Is it an impacted fracture? If so, should it be dressed in the position the accident placed it, or should the limb be returned as near to its normal position as possible?

Is the present deformity entirely due to the injury under consideration, or partially due to a former injury or deformity? On a correct answering of these questions will our treatment depend.

"There is one class of work where we can take time between the temporary and permanent dressing of the wound to study fully the case in hand, and it is a duty we owe our patrons, it matters not how well we think we are prepared. The failure of a fracture to unite may or may not be the fault of the surgeon. There is more or less danger of fat embolism complicating the fracture of all long bones, and this fact should be borne in mind when subjecting a fracture to much manipulation. The deformities resulting from fractures will range from the imperceptible to that entirely disabling the parts. Too tight bandaging can do great mischief in dressing of fractures, and should always be carefully avoided. It is sometimes best to postpone the adjustment of a fracture for a few days, but during such delay the limb should be protected by temporary dressing. Great damage to the future usefulness of a limb may be caused by keeping the part too long immobilized. A close attention to the details of after-treatment will prevent a great deal of anxiety on the part of the physician, and may prevent a litigation in the future.

"It is in the so-called after-treatment of fractures and dislocations that the general practitioner usually makes his greatest mistakes. As soon as the swelling will permit, he places his fracture patient in a permanent dressing and requests him to 'report occasionally for inspection.' Frequently these indefinite instructions are the groundwork for future trouble. Sometimes we find a physician who is so forgetful of his own and his patient's interest as to instruct him to remove the dressing after so long a time, thereby allowing his patient to escape from his observation without a knowledge of results obtained. The physician who is thus careless of his and his patient's interest is guilty of malpractice, and need not be surprised to wake up some time with a suit on his hands.

"The majority of 'poor jobs' in bone surgery that are really due to a faulty treatment can be attributed to the so-called after-treatment, or rather to lack of it, and not to the primary dressing or method used. A fracture or dislocation on which the future comfort of the patient and usefulness of the limb is involved should be seen almost daily. The surgeon should see that massage and passive motion are instituted at the proper time and in a correct manner. He should see that the dressings are serving the purpose intended, and that no undue pressure is being exerted in any place. If he deems it necessary to make a radical change in his manner of dressing a certain fracture, he should not hesitate to make the change. The age of patient should always be taken into consideration when dressing and caring for fractures.

"Dislocations require almost, if not quite, as close attention as fractures, and frequently require closer attention during the after-treatment. Severe sprains should be considered in the same class as

dislocations. Improper adhesions are frequent sources of trouble in sprains and dislocations, and should be prevented if possible. By breaking up these adhesions in old cases we are frequently able to greatly increase the usefulness of the joint. Sometimes permanent damage is done by neglecting what seemed to be an unimportant sprain."

4. Prof. Lloyd graphically and poetically describes a sand storm in the Sahara Desert, that to be appreciated must be read in the original.

5. Hemminger reports ten cases tending to show the value of antitoxin in the treatment of diphtheria. Specific medicines were also freely used. The editorial comment on his paper throws doubt upon the genuineness of his cases and refutes two of his conclusions, viz.: That no sequelæ follow the use of antitoxin; and that since the universal use of antitoxin the mortality has dropped from 40 to 50 per cent to from 2 to 8 per cent.

6. Dr. Sawyer gives the etiology and symptoms of remittent fever, which are those of usual record. His remedies given according to their well-known indications, are specific lobelia, podophyllin and calomel, specific chionanthus, specific asclepias, specific jaborandi, specific polymnia, and quinine and capsicum. After fever is absent for three days he uses the following tonic:  $\mathcal{R}$  Quinine sulphate,  $\mathfrak{z}\mathfrak{j}$ ; tincture of chloride of iron,  $\mathfrak{z}\mathfrak{i}\mathfrak{v}$ ; Fowler's solution, specific nux vomica, aa  $\mathfrak{z}\mathfrak{s}\mathfrak{s}$ ; glycerine,  $\mathfrak{z}\mathfrak{j}$ ; water, q. s.  $\mathfrak{z}\mathfrak{i}\mathfrak{v}$ . Mix. Sig. Dose, one teaspoonful in a little water three times a day.

7. Dr. Hobby pertinently asks, Why do Eclectic physicians desert specific medication? As a rule he says they do not, but occasionally a deserter is found. His backsliding he attributes to lack of retrospective study of Eclectic materia medica and to the traveling orator of some manufacturing chemist. While prescribing fragrant sumach for conditions suggesting diabetes insipidus, Dr. Hobby incidentally cured a dysmenorrhœa of long standing. This led him to experiment, with the following conclusions:

"My observations lead me to believe that this very common remedy has more value than has ever been accorded it in functional dysmenorrhœa. The indications, as I find them, are spasmodic, constrictive uterine pain, appearing before the menstrual flow, ovarian neuralgia during menstruation, pain starting well into the side and shooting towards the cervix, the pain relieved by quietness in the recumbent position, the one described as 'cramps' and 'pain away down low,' with frequent desire to urinate. It seems to act equally well on married and unmarried females, especially the neurotic, full-blooded,

emotional patient, who feels exhausted, who says she is nervous, who looks well, but is really debilitated; the one who can not stand straight because of pain and weight in the pelvis; the one who goes to bed with menstruation. This, however, is no quick relief agent; in fact, but little benefit may be had the first month; but its action becomes apparent after the first month, and positive if continued three or four months."

8. Dr. Fowler's paper is composed of case reports of five interestingly varied cases coming under his care in a half-day's work. These include an iritis from injury, an incised axe-wound of the cheek, hemorrhage from the nose due to an undetected fragment of cork that had been impacted in the nostrils for over four months; a case of broncho-pneumonia; and a severe erysipelas following exposure to cold after removal of a tumor from the cheek. Cases and treatment are interestingly described and should be read in full.

9. Dr. Clendenen criticises those who get no results from the special sedatives in intermittent fever, as laboring under a grave misapprehension of facts. He also scores those who condemn acetanilid, whereas he regards it of great value when used specifically as Eclectic drugs otherwise are employed. Notwithstanding that one writer declares that epithelioma will yield to the treatment of X-rays better than to any other known method, he states that in no instance has he known it to cure even the simplest forms of cancer, and his experience, he claims, has been large in the treatment of these maladies.

10. Dr. Church offers a prelude to a more extended article on local tuberculosis in which he states the position of advanced Eclectics as follows:

"Less than thirty years ago Koch demonstrated the bacillus of tuberculosis. Perhaps the etiological relation of this germ to the different manifestations of the great white plague has been more generally accepted by the profession than any other fact of bacteriology. It would be a reflection upon the intelligence of this gathering of the foremost Eclectics of the country to assume that any of its members still oppose the doctrine of the bacillary origin of tuberculosis. The evidence of the causal relation is so complete it has greatly contributed to acceptance of the theory of germ origin of many other diseases. It is fortunate, we can take this important fact of etiology for granted. That for once we need fear no Ephraim will be so joined to his idols, or any fossil so rooted in his bed, as to deny this fundamental fact. We can, therefore, base all we have to offer upon this hypothesis, which is no longer hypothetical.

"No disease so amenable to treatment fills so much space on the

death roll. It is becoming common to assert the curability of tuberculosis. The people are very tolerant of us, and patient with us. They very readily accept our claims as to what can be done, and grant ample time to bring it about; but they are deeply concerned, and in this instance it would seem likely they will soon ask why we don't, if we can? why permit so many to die? All must admit that our pretensions are sadly in need of statistical evidence for support. Slight credit will be given for abilities that are not put to practical use and demonstration. All will admit, too, that, although diffuse and pulmonary forms of the disease are often hopeless at any stage, the great majority of the cases of local tuberculosis can be radically cured, with no subsequent deformity."

### The American Medical Journal.

Vol. XXXIV, No. 6. June, 1906.

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|------------------------------|-----------|--------------------|
| 1. Dr. Stratford,            | - - - - - | ALEXANDER WILDER.  |
| 2. Gout,                     | - - - - - | PEARL HALE-TATMAN. |
| 3. History of Class of 1906, | - - - - - | JOHN F. WAGNER.    |

1. Dr. Wilder pays this tribute to his friend and colleague, Dr. Stratford, in a biographical sketch, from which we abstract some items:

"It would not be just to honor others for their worth and service, if a proper tribute should not be paid to Henry Knox Stratford. He was a veteran in the ranks, perhaps the oldest of us all, and has always been among the most zealous and sincere. His fortunes have been varied; he carved them out by his own enterprise and energy, and had become one of the most prosperous in the Eclectic fraternity, till the devastation of the great fire of 1871 at Chicago reduced him to a humbler level. He always carried red blood in his circulation and erred ten times on the score of warm-heartedness and lavish generosity to once on any score of selfishness or ill temper. He has not held his hand close shut when a cause needed aid, or withheld a kindness when it was urgently demanded. He has been rich, and might have been so still but for his open heartedness."

Henry Knox Stratford was born of English lineage, at Oxford, Worcester County, Massachusetts, August 6, 1821. His boyhood was passed in Boston, where he received the average school instruction, working in the school intervals in cotton mills, woolen mills, carpet factory, and then as a shoemaker. Finding some medical books in an attic, which were his quarters, he acquired a taste for the study of medicine. Marrying at twenty a lady of rare beauty, his career was not checked, for she proved a model wife and helper. The daguerreotype having just come into notice, young Stratford

engaged in the art with enthusiasm. In order to further perfect himself he studied chemistry. He soon acquired sufficient funds to enable him to study medicine, and he attended lectures at the Albany Medical College, but did not graduate. In 1854 he removed to Chicago. He, while making ambrotypes, was overcome by the vapors of potassium cyanide, resulting in paralysis, which for a long time incapacitated him for labor. He set himself diligently to the study of medicine again and entered the University of Medicine and Surgery of Philadelphia, from which he graduated in 1865. Returning to Chicago he soon had a clientele equal to that of any other physician there, and amassed a handsome fortune. Several valuable buildings, insured for \$150,000, were destroyed in the fire of 1871, but the insurance companies were unable to meet their obligations. Stratford was obliged to begin anew, and would again have obtained his former prosperity but for his readiness to help those around him. He was a staunch Eclectic, and contributed to the establishment of Bennett College, of which he was a trustee and vice-president. He was twice president of the Illinois Eclectic Medical Society, was active in forming the Chicago Eclectic Medical and Surgical Society and for six years its presiding officer. In 1870 he was active in the organization of the National Eclectic Medical Association, then accomplished in Chicago, and was its most liberal contributor. In 1884 he was elected its president at the Cincinnati meeting, but before the succeeding meeting, at Altoona, Pa., he again became paralyzed. He had thoroughly arranged all matters for the session, however, and appeared at the meeting, though crippled. His annual address was read by Dr. Munn, and afterward was largely printed and served as a "campaign document." Though he has had repeated attacks of paralysis, he still lives, an honored octogenarian, at Austin, a suburb of Chicago. The death of his son in February last has left him heart-broken and prostrated, and his wife is a confirmed invalid. "Others have made themselves more prominent than Dr. Stratford and so are better known; few, however, there are who deserve so well."

2. Dr. Tatman reviews the etiology of gout and touches upon the treatment. In fatty gout, tonic alteratives; if from under-feeding and excessive hard work, rest, plenty of nutritious food, avoiding stimulants and excess of fats, sugar sparingly and separately from acid fruits and vegetables. For acute cases the following has served well: R Potassium acetate, ʒj; specific capsella,



3iij; fluid extract of conium, 3ij; cimicifuga, ʒj; elixir of lactated pepsin, q. s. ʒiv. Mix. Sig. One teaspoonful every 2 or 3 hours as necessary. Phytolacca, echinacea, and thuja, properly combined, serve an excellent purpose in keeping the glandular system and mucous membranes in good condition. Chronic cases may be given colchicine methyl salicylate in pearls, one every 3 hours for several weeks, and to keep the liver and kidneys active a dessert-spoonful of sal hepatica in a glass of water, two or three times a day, is of advantage. Attention to hygienic and dietetic regulations are necessary and the physician should frequently analyze the urine, chemically and microscopically.

3. Dr. Wagner's contribution consists in amusing biographs of the 1906 graduating class of the American Medical College of St. Louis, Mo.

Vol. XXXIV, No. 7. July, 1906.

1. Annual Address, - - - - -	S. G. MEREDITH.
2. Mechanical Vibratory Stimulation, What is it? - -	J. E. CALLAWAY.
3. To What Extent is the Practice of Medicine Scientific?	G. S. GLOVER.
4. The Conservation of Life, - - - - -	G. W. SON.
5. The Single Remedy as Viewed from an Eclectic Standpoint,	T. A. SON
6. The Thirty-Seventh Annual Meeting } of the Missouri Eclectic Medical Society }	
7. Blue Babies, - - - - -	ISA W. UPSHAW.
8. Thermæco-Therapy, - - - - -	H. H. BROOKMAN.
9. Cough, - - - - -	A. W. DAVIDSON.
10. A Few Considerations in Lithotomy—Report of Cases,	G. W. FRAKER.

1. Dr. Meredith, in his annual address as president of the Missouri State Eclectic Society, ably contrasts the medical practice of a half-century ago with that of to-day. He contrasts rational medicine, or specific medication, with routine, or irrational, medicine, and urges his colleagues to give more attention to the indigenous remedies of Missouri and to back the State Board in its efforts "to rid the commonwealth of everything that has a tendency to degrade our profession." Of present-day medicine he says:

"The strength of Eclecticism lies in our knowledge of specific diagnosis and specific medication. The Eclectic school of medicine is satisfied with specific medication; not with the thought, however, that we have reached perfection by any means, but with the knowledge that we have laid the solid foundation on which the only rational and successful practice to-day rests, and on which the practice of the future must build. That specific medication will be the medicine of the future, I have not the shadow of a doubt. It will be small doses of single remedies in pleasant form given for their direct effect. Medicines will not be given at random or by rote or for their poisonous effect."

2. Dr. Callaway presents a paper to call attention to the benefits of mechanical vibratory stimulation, the latest and perhaps least understood of the modern methods of treatment. He defines it as the stimulation of the nerve, or nerve-centers, concerned in controlling a diseased organ, results being derived chiefly through the spinal and sympathetic systems. The blood currents are stimulated and equalized, the lymphatics aroused, and secretion and excretion stimulated. However, he says it is not a cure-all, but has a wide application where a nerve fails to respond to its natural stimulus. He cites cases illustrating its action and results.

3. A portion of Dr. Glover's paper will be reproduced in a future issue of the GLEANER.

4. Dr. Son, in a very able and timely paper, makes a plea for the conservation of life through strict adherence to nature's laws. Recounting the wonderful operative and needle-work of modern surgery and the possibilities of chemistry, he is led "to exclaim in the language of the illustrious Hoffmann, "With the gods and the chemist all things are possible." He believes specific medication the best form of treating disease to assist in the "conservation of life." Contrasting the present with the past, he says:

"We should congratulate ourselves and feel happy when we compare the present state of medical science with the crude methods employed not more than fifty years ago, when the old country doctor, whose saddle-bags was the only drugstore within twenty miles, who was every one's friend, and who, for a radius of ten miles or more, ushered all the babies into the world and closed the eyes of the dead; he was a power in the land who ranked next to the justice of the peace, if he was not himself one. Patients were bled for fevers and for fainting fits; ten grains of calomel was the usual dose and salivation with loss of teeth and necrosis of the inferior maxillary bone were common. With tears in his eyes, he refused cold water to his fevered patients, and denied fresh air to weak lungs, and all from the kindest of mistaken motives. We should rejoice, I say, and be happy when we compare the present state of medical science with that of our forefathers, but we should not be satisfied with present attainment, as there is plenty of room for improvement yet. When we silently enter the sick room supposedly possessing so many scientific facts, armed with the means of death, we should quietly descend from that imaginary dizzy height, and consider the mission of the successful doctor, 'The Conservation of Life.' I, for one, strongly believe in the proposition that our success as physicians will be measured in the future, as well as it has been in the past, by our knowledge of nature's laws. I attribute my success in the practice of medicine to the things I have not done as much as to the things I have done."

5. Dr. Son writes in support of both the single remedy and the combination, and believes that the use of the single remedy was urged by Dr. Scudder in order to induce a fuller study of the results of remedies singly employed. He writes:

"I believe that I am voicing the sentiments of Eclectics in general when I say our school contends for the best possible pharmacy; and as a rule prefer the pure uniform drug in liquid form to that of tablets, alkaloids, and the many special prescriptions now furnished by the pharmaceutical houses as a hand-me-down. Eclectics, as a rule, have little or no use for such things, as they regard the practice of medicine a science which requires years of hard study and research to fit and qualify the physician for his duties in taking care of the sick, and if the physician has not had sufficient training to determine what his patients would have, and to prepare the same without having to call on the pharmacist to determine what he should use, is not qualified to practice the healing art, and the sooner he embarks into other pursuits, the better for the public health. Eclectics, as a rule, believe in the minimum amount of medicine to accomplish maximum results, and in their principles of medicine are taught analysis, not synthesis, to discover if possible, the varying conditions which make up disease, as evidenced by specific and well defined symptoms revealing diseased expression. Eclectics have no specifics for diseases, but specifics for conditions of such diseases. We recognize no law of cure, and do not accept a remedy as a specific until the extended successful employment of it in some particular condition has given it the right to be called such; therefore, empiricism and experimentation is the basis on which rests the superstructure of specific medication. In order to prevent random, scattering prescriptions, Eclectics are taught to employ remedies singly, or in simple combination. It has been said by the father of specific medication: 'We either know a single remedy that will accomplish the object, or we know nothing and have no right to make a prescription.' Dr. John M. Scudder was one of the greatest teachers of medicine that ever occupied American soil; a man to be admired by every one interested in the progress of things medical, but we believe at the time he made the remark in the above quotation that he did it for a wise purpose, and that was to impress upon the mind of the student of medicine the great necessity of individual drug study. The very fact that Dr. Scudder made a liberal use of combination prescriptions leads me to believe this."

Dr. Son makes liberal use of the following in atonic states of the digestive tract: *R* Lloyd's colorless hydrastis, 3j; specific nuxvomica, specific ipecac, aa gtt. x; glycerine, 3j; water, q. s. ad.  $\mathfrak{z}$ iv. Mix. Sig. One teaspoonful before each meal. If constipation exists he adds to the foregoing specific belladonna, gtt. x; or instead

of water uses cascara aromatic (P. D. & Co.'s preferred). The last should be taken so as to cause about two alvine movements a day; for its tonic action but three times a day.

7. Dr. Upshaw's article is reproduced in this issue of the GLEANER.

8. Dr. Brockman succinctly epitomizes the therapeutics of high degree dry heat as follows:

*"Indications.*—Its indications are pain without pus formation, or cerebral complication, oedema, inflammation before pus formation, gout, rheumatism, sciatica, eczema, sprains, bruises, subdermal hemorrhage, etc.

*"Contraindications.*—Its contraindications are cerebral hyperemia, inflammations in which pus has formed and all conditions where mild heat produces pain.

*"Properties.*—It is tonic, stimulant, sedative, anodyne, alterative, depurant, emmenagogue, and is the most powerful diaphoretic.

*"Mode of Action.*—At first there is a contraction of the arterioles and capillaries, which is soon followed by a dilation, causing a deep flush to spread over the entire exposed surface. The sudoriferous glands are stimulated to increased action, and a copious acid perspiration ensues. The pulse becomes full and stronger, and is increased from ten to thirty beats per minute. Temperature from one to five degrees Fahrenheit, according to dosage. In the higher dosage from 260 to 300 degrees, there is relaxation of muscular tissue, with mitigation or absence of pain. It increases metabolic force, and the red blood corpuscles, by rendering the plasma more soluble, and lessening its serum through diaphoresis.

*"Technic.*—Dosage should always be mild, and of short duration, the first treatment, after which gradually increase ten to fifteen degrees each treatment until full dosage is obtained, which in ordinary cases in the body apparatus is 260 to 300 degrees Fahrenheit. Most patients have some fear in entering the body apparatus, caused by adverse criticism of the fellow who does not use one, hence the necessity of mild application in the outset. The first dose should be from 100 to 200 degrees F. and continued for twenty to thirty minutes, keeping the head cool with cloths rung out of cold water, and giving the patient cold water to drink if desired, but do not use ice water. Second treatment should last about forty minutes, and future ones sixty. Keep your car out of the machine until gas is generated and lighted and the temperature within 140 to 150 degrees F., then place your patient properly robed on the car, push the car into the machine, tuck the curtains well around the neck, and keep the room well ventilated, and the head cool, and the machine does the rest. For local treatment increase the dosage 50 per cent, after each treatment the parts should be sponged with tepid water containing a little soap, then massaged until dry and kept in doors out of draft for thirty in

summer and sixty minutes in winter. Patients should be treated daily unless contraindicated by anæmia, senile debility, or otherwise."

9. Dr. Davidson's paper will be reproduced in a future issue of the GLEANER.

10. Dr. Fraker recounts his personal experience with vesical calculi, and having operated upon over 100 cases, gives some points of value to the untrained operator. For children he prefers the suprapubic operation, the lower operations being preferred in patients over fifty years old. The median operation permits healing in a shorter period than the lateral. He says of the suprapubic method:

"The suprapubic is especially indicated in the young because a larger stone can be removed, incurring less risk of life to the patient, and damage to the delicate parts. In the child the bladder is high in the pelvis, and the belly wall thin. At all ages this operation allows more thorough exploration of the bladder and easy access to deal with any condition found, but the old men suffer so many inconveniences on account of the drainage and incapacity to change position that I regard the lower operation far superior in men over fifty years of age."

#### The Eclectic Review.

Vol. IX, No 6. June, 1906.

1. Man the Creature of Suggestion, - - - - -	J. THORNTON SIBLEY.
2. Habits, - - - - -	M. GRANT M'GINNIS.
3. The X-Rays of the Future, - - - - -	WM. L. HEEVE.
4. Intrauterine Medication, - - - - -	C. WOODWARD.
5. Parisian Medical Chit-Chat, - - - - -	T. C. MINOR.
6. Worth Considering, - - - - -	F. J. PETERSEN.

1. Dr. Sibley offers a long and capital article on the power of suggestion in producing neuroses and conversely as an aid to treatment. His opening and closing paragraphs are indicative of the trend of the paper:

"Man has been called the reasoning animal. He might with equal truth be called the creature of suggestion, for we are prompted more frequently to action through suggestion than through any reasoning process, and our physical and mental abnormalities are very often, especially in their incipency, only the results of that subtle but ever active power. Furthermore, the great variety of nervous and functional disturbances that seem to be concomitant with our higher civilization, are often speedily and permanently cured through the same means. As the high degree of civilization reached by the French people just before the revolution called for an Anton Mesmer, who, with wonderful psychic powers, supplemented the effect of drugs in

the treatment of the many nervous and functional diseases then so prevalent, so our modern civilization, especially as it is found in our large cities, has wrought, under the law of supply and demand, a revival of suggestive therapeutics for the treatment of the many ills which such civilization has engendered.

"The significance of suggestion in all the affairs of life leads to the conclusion that our subjective faculties are more alert than we are wont to believe, and that the objective are correspondingly in abeyance. There are times in the daily life of every normal individual when he is quiescent and receptive; when nature demands a complete relaxation from the muscular and mental strain that our strenuous lives engender, and during these periods of passivity suggestion plays its subtle role. Our best thoughts frequently come to us after much relaxation, and problems that sometimes seem as vexatious riddles when we view them entirely from the objective side of our nature, become easy of solution after a period of receptive quietude, when suggestion from some source comes to our aid. Verily, man is the creature of suggestion."

2. Habits—morphine, alcohol, tobacco, cocaine, and other drugs—forms the theme of an excellent article by Dr. M'Ginnis, in which he blames the physician for the first in that he uses the drug to relieve pain when other agents might have been employed. He depicts the course of the drug habitue from start to finish. Many of these conditions can be cured by specific medication, he claims, and the remedies he names to be specifically employed are the following specific medicines: Cactus, convallaria, nux vomica, thuja, podophyllum, passiflora (large doses) avena, gelsemium, and Jamaica dogwood.

3. Dr. Heeve's paper treats of the X-ray of the future and shows the scientific improvements needed to make it a more perfect adjunct to our therapeutic measures. As it now stands he regards it as now our leading electric modality in combatting nature's ills. We shall reproduce the article in whole or part in a future issue of the GLEANER.

4. Dr. Woodward reports cases treated by his method of intra-uterine medication. These are of nervous affections depending upon abnormal uterine conditions which he has cured by methods heretofore outlined in the pages of the GLEANER.

5. Dr. Minor's translation shows the difference of opinions expressed by learned anthropologists in an attempt to identify the bones of Louis XVII of France. He also publishes a part of the Pope's discourse on miracles; and describes the invalid philosopher, Kant, and his daily routine.

6. Dr. Petersen thinks it worth considering that cold contracts the muscular tissues resulting in impairment of the circulation, an acid condition being one of its results. The latter is well known to cause rheumatism, catarrhal conditions, neuralgia, and many other troubles. If anormal contraction continues for any length of time it not only produces chemical changes but affects the whole systemic circulation. He advises gentle manipulation of the parts with a view to impressing the nerve centers.

Vol. IX, No. 7. July, 1906.

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|---|----------------------------|
| 1. Treatment of Enlargement of the Spleen Caused by Chronic Malaria | JOHN ALBERT BURNETT.       |
| 2. Glandular Fever,   | PETER NILSSON.             |
| 3. Some Things I have learned from Practice,                        | ELIZABETH HAMILTON-MUNCIE. |
| 4. A Specific for Urticaria, or Nettle Rash,                        | ELI DENNY.                 |

1. Among the numerous remedies and prescriptions offered by Dr. Burnett for enlarged spleen due to malaria, are the two following: (1)  $\mathcal{R}$  Elixir of potassium bromide,  $\mathfrak{z}\text{ij}$ ; fluid extract of grindelia squarrosa, fluid extract of polymnia, aa  $\mathfrak{z}\text{ss}$ . Mix. Sig. Dose, one teaspoonful every three hours. (2)  $\mathcal{R}$  Ammonium iodide,  $\mathfrak{z}\text{ijss}$ ; arsenic iodide, grs.  $\mathfrak{jss}$ ; peppermint water,  $\mathfrak{z}\text{iv}$ . Mix. Sig. Dose, one teaspoonful 3 to 5 times a day. Lloyd's Ergot hypodermically is also mentioned as of value in similar cases.

2. Dr. Nilsson quotes Ander's description of glandular fever, and says of treatment:

"Anders recommends cold compresses locally; an initial dose of castor oil, followed by small doses of calomel (gr. 1-12-1-10) two or three times daily. In my experience, moist heat locally, with or without occasional rubbing with iodine ointment, acts far more favorably than cold. Internally, aconite, bryonia, and phytolacca are the remedies most commonly indicated. If the pharyngeal symptoms are annoying calcium iodide or the ammonium salts will give relief. In the diagnosis of glandular fever, tonsillitis, pharyngitis, and influenza must be eliminated."

3. Dr. Hamilton-Muncie offers a valuable paper supporting the use of the pessary, favoring the removal of cervical cicatrices, attention to adherent prepuces, and the freeing of the terminals of the sympathetic from all forms of impingement and irritation. The paper is pregnant with good thought and should be read in full.

4. A long experience has convinced Dr. Denny that urticaria can be readily cured by a cold infusion of serpentaria. He directs to put one-half ounce of the bruised root in a quart bottle, fill it

with cold water and keep it in a cool place. The dose is one tablespoonful 5 or 6 times a day. Within two weeks the urticaria will have permanently disappeared.

### The Los Angeles Journal of Eclectic Medicine.

Vol. III, No. 5. May, 1903.

- |   |                        |
|---|------------------------|
| 1. Mexican Materia Medica, - - - - -              | GEORGE W. FINCH.       |
| 2. Advantages of a Good Climate, - - - - -        | J. A. MUNK.            |
| 4. Notes from a Physician's Field Book, - - - - - | FRANKLYN PIERRE DAVIS. |

1. The educated physician of Mexico, writes Dr. Finch, varies little in his methods from those of other countries. There is an authorized Mexican Pharmacopœa, similar, though smaller than the U. S. P., upon which he draws. This constitutes the medicine of the schools, the "white man's medicine." He writes:

"But there is another and an older form, whose history is lost in the long past, and which might properly be called 'primitive medicine' as it is found in the homes of the Indians and common people. So intimately is the life of this people interwoven with the vegetation of their country that a strange form of idolatry is found here, travelers having noted a species of 'plant worship.' We find this idea perpetuated in the very names of trees and plants, which signify that which is sacred or divine, and this has been added to by those who live there at this day, so that we find 'Yerbas Santas' and 'holy trees' everywhere. As an illustration of this blind belief, a story is told by a botanical collector who came upon a number of cactus of a peculiar kind and ordered his Indian guide to dig some of the specimens for him. At first the Indian refused to obey, standing in dread, protesting that they were sacred or holy plants, but finally, after much persuasion, he dug one of them and in doing so several others came up with it. Removing his hat and kneeling, he replaced the others, carefully putting the dirt back around them, doing his work with seeming reverence and awe. With such belief in the everyday life of a people, it is not strange that when they came to use these plants in the healing of the sick they would do so with unbounded confidence in their virtues and their mystic power to cure. And as to their real knowledge of medicine as it is practiced in their homes, although it is much at fault, being entirely empirical as it is, such as has been handed down from generation to another, still notwithstanding their ignorance and their superstitions, there is a thread of truth running through it all that is worthy of consideration."

As the Eclectic school is a school of materia medica, he believes it would add to our resources to study the Mexican drugs with a view to their specific applicability. He, therefore, offers a



long list, grouping them in their natural orders, and noting briefly their therapeutic properties and uses. The article is valuable, being marred only by typographical errors, making the identification of the plants somewhat confusing.

2. Dr. Munk, in a convincing paper, shows the advantage of a good climate in its influence not only upon health, but upon commercial and economic operations. Southern California is considered by him as particularly rejuvenating and most to be desired climatically.

3. In brief notes, Dr. Davis recommends gasolene as a cleansing agent previous to operations; zinc oxide for burns produced by coal-oil applications:  $\mathcal{R}$  Potassium carbonate,  $\mathfrak{Jjss}$ ; sublimed sulphur,  $\mathfrak{Jijss}$ ; lanolin,  $\mathfrak{Jij}$ . Mix. Apply three times a day for scabies; diluted specific thuja for venereal warts; magnesium phosphate,  $3x$   $\mathfrak{Jj}$ , in twenty teaspoonfuls of water, given in teaspoonful doses every twenty minutes to one-half hour for neuralgia; 5 to 10 drops of oil of erigeron in malarial hematuria (never calomel and quinine); ice cold water as best dental anæsthetic to inject about the teeth immediately before extracting. He gives a curious remedy for bathing babies suffering from heat. It is water that has been warmed in the sun. It is, he admits, an "old woman's remedy," but it will quickly cause the eruptions to disappear, while no such result attends the use of water warmed by fire.

Vol. III, No. 6. June, 1906

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|-----------------------------|-----------|----------------|
| 1. Annual Address,          | - - - - - | J. C. SOLOMON. |
| 2. The Galvanic Current,    | - - - - - | A. O. CONRAD.  |
| 3. The Hygiene of Exercise, | - - - - - | J. A. MUNK.    |

2. Dr. A. O. Conrad tells us that we hear a great deal nowadays about the possibilities of currents of high frequency and high tension, requiring elaborate apparatus and ingeniously constructed electrodes. Over these a great show and noise is made to the effect that the virtues of the galvanic current of low potential and moderate amperage, with its great possibilities for good, is lost sight of. He then proceeds to outline the properties of the galvanic current, considers electrolysis, and the clinical application of galvanism. The negative pole is the physiological stimulant while the positive pole is sedative. Cataphoresis and electrolysis of metallic electrodes are among its valuable uses. Some of the conditions in which the author values it are the following:

"One of the most important uses of the negative current is to produce dilation or a patulous condition of the cervical canal, freeing

or expanding the orifices of the submucous glands and thinning their secretion, thereby securing drainage of the uterine canal. The usual dose being 10-15 milliamperes and the time 3 to 5 minutes, repeated every second to fourth day. Should we wish a drying caustic effect, as in profuse discharges or hemorrhage from the mucous membrane, we would use the positive electrode and of such metal as we desired the action of, as zinc, copper, thus securing the antiseptic and astringent action of these salts.

"In pelvic exudates, serous infiltration and blood extravasation we have an agent to produce absorption. The current is applied by means of a cotton covered electrode in the vagina and the pole selected being the one best calculated to produce the desired effect, the positive when the accumulation is fluid, semi-fluid, or soft, and the negative when it is hard. The current used varies in either case from 25 to 100 milliamperes, time 5 minutes, repeated as often as indicated. In pelvic pain use a current of 5 to 20 milliamperes, from 5 to 10 minutes, one pole in the vagina and the opposite pole in lumbar region. Endometritis, catarrhal, septic or gonorrheal, either acute or chronic, yield to galvanism aided by faradism.

"In diseases of men the galvanic current is indispensable and the armamentarium of a physician treating these is not complete without a good galvanic battery. So much has been said regarding the treatment and cure of stricture that it seems to be simply repeating what has been said; however, I wish here to call attention to an argument often advanced against its use in stricture; namely, that it does not entirely remove all of the strictured mass. We will admit that, but also will ask what form of treatment does, and here the argument ends. It is capable of proof that internal urethrotomy never removes the mass unless followed by galvanism. It simply makes a new passage, while external urethrotomy is open to so many dangers that it should in my opinion only be tried after failure with galvanism, and I am prepared to say and prove that were more of these cases treated by galvanism less urethrotomy would be needed. The failure of galvanism is usually the lack of proper technique on the part of the operator, the usual mistake being made of using too much current and too little time, thereby defeating the very object sought to be obtained. Too much current produces irritation with swelling of the mucosa and consequent increased irritation when the act of urination is attempted, and after a course of treatment the patient is usually worse than before. Each case should be carefully examined with the endoscope and if an irritable inflamed condition of the membrane exists, it would be criminal to use negative galvanism without first using measures to relieve the irritable condition. This accomplished, the stricture is attacked by a size of electrode that comes nearly passing the stricture, being careful not to use force and under no condition at the first seance use over 5 to 10 milliamperes of current and not longer than 3 to 5 minutes. Do not feel discouraged if you can not pierce the stricture at all at the first

few sances, a little patience and time will be rewarded with success. Another point is to allow enough time between treatments for any irritation caused by previous treatments to subside, usually from three to seven days. In the various prostatic diseases peculiar to old men, we have in galvanism one of the most faithful servants and one that will meet more indications than any agent in our materia medica. The galvanic current here reduces the enlarged condition of the gland, and removes the exudation and infiltration surrounding the prostatic portion of the urethra. If we desire, we can by the use of the perforated urethral electrode, apply cataphorically, such remedies as iodide of potash, zinc sulphate, silver nitrate, etc. Hence we have the further advantage of diffusing the medicament into the deeper tissues instead of applying them locally as when introduced by means of a syringe.

"Another important use of the galvanic current is in the treatment of pain, whether it is caused by the inflamed condition of a nerve trunk, by pressure of exudates upon nerves, or swelling of the periosteal lining of nerve canals. These and many other conditions are met by galvanism. In the case of neuritis a mild 2 to 5 milliamperes of positive galvanism for 5 to 10 minutes has been found very beneficial. Aconite, cocaine, veratrine, or any other remedy desired can be applied to the electrode so that the effect of the drug is cataphorically obtained. Where the pain is caused by exudates, the negative pole, because of its softening liquifying character, soon causes absorption and consequent relief from the pain. The galvanic current may be used for the removal of small fibroids, moles, or warts, and in treatment of nasal diseases by means of electrocautery, indeed, in my judgment, it is one of the most useful equipments that a practitioner can possess."

3. Dr. Munk's paper on exercise and its effects should be read in full. The method of the athlete and the physical culturist are substituted by the better and more common-sense methods of pleasurable manual labor, walking, and horseback riding. We shall reproduce this article in the GLEANER.

#### Modern Eclecticism.

Vol. II, No. 7. June, 1906.

- |   |                              |
|---|------------------------------|
| 1. Pulmonary Tuberculosis, - - - - -                              | J. F. OWENS.                 |
| 2. Specific Medication—The Universal Language of Therapeutics, }  | - - - - J. R. BORLAND.       |
| 3. Uses of Certain Drugs in Chronic Diseases of the Intestines, } | - - - - W. LEMING.           |
| 4. Phytolacca Decandra, - - - - -                                 | - - - - I. N. STONE.         |
| 5. Treating the Sick, - - - - -                                   | - - - - O. D. R. KIRK.       |
| 6. Chiropractic History and Treatment, - - - -                    | - - - - JOHN ALBERT BURNETT. |

1. Dr. Owens would offer hope to the consumptive. After gaining full and free consent to place the patient unreservedly in his

hands, he would, if fever were present put him to bed in a bare room destitute of all draperies or other dust harboring appurtenances. The room must have four windows to be open all the time and in all seasons. Sufficient covering should be provided. He says:

"I shall clear out the alimentary canal with some mild but effective purgative, then start the treatment of forced feeding, with non-irritating, non-nauseous, easily assimilated fats; these requirements I have found in milk, eggs, and Russell's emulsion. When I say force feeding I mean it literally, to give patients what they feel like they can take, and let them off with say two pints of milk, three or four eggs, and one ounce of emulsion daily, I believe would mean failure.

\* \* \*

"One feature that I regard as very important, is the necessity of keeping the elimination going. I shall use purgatives freely, symptoms will lead me in their selection, if the tongue is covered with a thick pasty coat, sulphite of sodium will be used, if there is a brownish tinge, podophyllin; if merely to unload is the leading indication, cascara or castor oil. After the febrile symptoms subside, I shall allow moderate well regulated exercise, never going to the point of weariness, forbidding any extended use of the arms, never allowing heavy weights to be lifted, shall advise regular, even breathing, guarding against the inflation of the lungs, insisting on regular habits with plenty of sleep and forbid the patient entering any room where many persons are assembled, keep him pleasantly situated and buoyant with hope. In addition to these, I believe the raw juices of garden vegetables and fruits, as suggested by Dr. John F. Russell, of New York, is of marked benefit in overcoming the conditions of malnutrition that always exists in these cases. In the selection and use of medicines I shall go very slowly, and try to carry out in this, as in all other maladies, the rational plan of selecting my remedies to meet certain or specific indications, and I feel very safe in declaring to you gentlemen, that I shall never again be guilty of firing another shot in the shape of sickening secretion locking cough syrup into the stomach, the only defensive stronghold that is left the poor victim, and with all the strength within me I denounce creosote in all its varied forms. I have tried many of them and the patients who took them sleep with their fathers. I regard all manner of stimulants as being extremely harmful. Alcohol in all shapes, will in my judgment, materially aid the patient in making a hurried trip to the spirit world. These emphatic assertions and denunciations are backed by convictions that have ripened during a campaign in the field covering sixteen years with an experience in this class of work that amounts to more than the ordinary."

2. Dr. Borland contends that as a few signs constitute the universal language of mathematics and a few notes the universal signs

in music, so the direct symptoms, with their therapeutic indications, will make of specific medication the universal therapeutic language of the medical world.

3. Dr. Leming presents a good and novel paper on the relation of eight drugs to chronic diseases of the intestinal tract. These are *nux vomica*, *hydrastis*, *podophyllin*, *aloes*, *collinsonia*, *potassium bichromate*, *mercuric chloride*, and *arsenic*. His method of study is commendable. We shall reproduce this paper in a future issue of the GLEANER.

4. Dr. Stone gives strong testimony in endorsing the well-known virtues of specific *phytolacca* in glandular inflammations. He employs it both internally and externally (either in poultice of the root or fluid extract) in acute tonsillitis, acute orchitis and acute mastitis. In mumps it is the first remedy thought of, though *belladonna*, *pulsatilla* and *aconite* may be required; neither does he neglect it in typhoid fever, bearing in mind that Peyer's glands are involved; his indication is tenderness upon pressure over the glands. He values it also in syphilis, chronic and articular rheumatism, and synovitis, acute and chronic hepatitis, splenitis and any other inflammation of glandular tissues. Fatty degeneration of the heart and obesity are also benefited, and as a rule, while an important and very useful remedy, it seldom or never produces unpleasant effects.

5. Dr. Kirk relates cases of syphilis rapidly cured by following specific indications. The full, lead-colored tongue and enlarged glands led him to select iodide of potassium, *phytolacca*, *stillingia* and *iris*, and locally for the eruptions carbolated mercurial ointment. A negro's case presented at first a full white-coated tongue, for which he prescribed acetate of potassium to be followed later by other specific treatment. A young man with a large ulcer in the mouth exuding a sticky cream and lard discharge, was given a general alterative with iodide of potassium; in ten days the tongue changing from full lead-color to a red, contracted condition, was put upon Donovan's solution. These drugs were alternated every ten days, a cure resulting in three months.

6. Dr. Burnett defines chiropractic and briefly traces its history. Several citations are given from various writers on chiropractic, illustrating methods and results obtained in this form of practice.

## The Nebraska Physician.

Vol. II, No. 11. June, 1906.

- |   |       |                 |
|---|-------|-----------------|
| 1. Skin Diseases found in General Practice, | - - - | JOSEPH ADOLPHUS |
| 2. Lacerations of the Cervix,               | - - - | C. A. LUTGEN.   |
| 3. Nebraska Examination Questions,          | - - - |                 |

1. Dr. Adolphus presents a paper in which he quotes statistics of the American Dermatological Association, as to frequency of common skin diseases as follows:

"Eczema, 30.4 per cent; syphilis cutanea, 11.2 per cent; acne, 7.3 per cent; pediculosis, 4 per cent; psoriasis, 3.3 per cent; ringworm, 3.2 per cent; dermatitis, 2.6 per cent; scabies, 2.6 per cent; urticaria, 2.5 per cent; pruritis, 2.1 per cent; seborrhea, 2.1 per cent; herpes simplex, 1.7 per cent; favus, 1.7 per cent; impetigo, 1.4 per cent; herpes zoster, 1.2 per cent; verruca, 1.1 per cent; tinea versicolor, 1 per cent. Total of seventeen diseases representing almost 80 per cent of all skin diseases met with. The more actively contagious skin diseases are: Impetigo, contagious ringworm, favus, scabies and pediculosis; excluding the exanthemata, such as erysipelas, syphilis and other rare diseases. Diseases that are presumed to be due to bacteria or parasites are almost generally contagious. \* \* \*

"The common classification of skin diseases are based on pathological and anatomical grounds. They are commonly divided into eight classes: Disorders of the glands, inflammations, hemorrhages, hypertrophies, atrophies, new growths, neuroses and parasitic affections. Thus every disease is classed under one of the eight divisions: Class 1, disorders of the glands, 12 diseases; class 2, inflammations, 45 diseases; class 3, hemorrhages, 2 diseases; class 4, hypertrophies, 19 diseases; class 5, atrophies, 8 diseases; class 6, new growths, 21 diseases; class 7, neuroses, 4 diseases; class 8, parasitic affections, 19 diseases; total, 130 diseases. By calculating one will readily see that out of 130 skin diseases eczema is found in every fourth case, or almost one-third of all skin diseases are eczema."

However, he warns physicians not to call every skin affection met "some form of eczema." Of the internal and external remedies used, he names the following, but few of which are characteristic of Eclectic practice:

"There are few remedies that do have a special affinity for the skin and exert a curative effect when applied locally, such remedies as alcohol, boric acid, salicylic acid, resorcin, tar, or petroleum, sulphur, starch, bismuth, carbolic acid, ichthyol, picric acid, talcum powder, etc. These remedies dusted on affected surfaces, or rubbed up with lanolin and oxide of zinc ointment comprise the principal remedies for external use. The main remedies used internally are arsenic, echinacea, iris, hydrastis, nux vomica and the bitter tonics. Mercury and its derivatives are sometimes used both externally and inter-

nally with good effects. Cod liver oil, iron, quinine, chloride of gold, iodide of potassium and many other remedies have their respective places under this head."

2. Dr. Lutgen calls attention to the greater need of recognition of lacerations of the cervix, and notes the disorders, often overlooked, which arise from them. Nothing but complete extirpation of the resulting scars will bring about a cure.

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### The Medical Arena.

Vol. XVII, No. 6. June, 1906.

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|--|------------------------|
| 1. Apis Mellifica, - - - - -             | FRANKLYN PIERRE DAVIS. |
| 2. Organization or Federation? - - - - - | I. A. BEIGGS.          |
| 3. Why I am an Eclectic, - - - - -       | JOHN A. LANIUS.        |

1. Dr. Davis offers an exceedingly valuable study of apis, in which he says that "what I may offer may not be especially new to all, but like Montague, 'I have gathered me a posie of other men's flowers, but the thread that binds them is mine own.'" He gives an interesting study of the mechanical construction and operation of the sting of the bee, and cites several authorities on the nature of the poisonous principle. While generally reputed to be formic acid, Dr. Davis is quite satisfied that it is more than formic acid and seeks a solution of the problem. He produces evidence of its action upon flies and sparrows. Clinically, Dr. Davis has extensively used apis both according to Eclectic and Homœopathic indications, and finds it a most valuable agent. He concludes with the following valuable contribution to its toxicology and therapy:

"Apis has a direct action on the heart, usually described as a pressure and heaviness, accompanied by a drawing-down pain; respiration becomes heavy, following by nausea, pain in the head and fainting. Paralysis was the first symptom noted in the experiments on sparrows. When the injection was made in the foot the member became inactive. This was followed by convulsions. The convulsive action continued for from two to five hours, and was followed by somnolence, stupor and troubled respiration, which were the last symptoms noted before death. A very good picture of the action of apis in toxic doses may be had from a report of a case that came under the observation of Mr. Selser last year, in which a man received about 100 stings from black bees in a few moments, principally on the face, hands and arms. In fifteen minutes he had violent palpitation of the heart and buzzing in the ears. This was followed in half an hour by a tingling sensation in his limbs, as if he was going to sleep. While, as he expressed it, his heart beat so fast that his ears felt as if the drums would burst. A little later everything seemed to get black at once. He felt faint and his friends thought he was

dying. His lips and finger tips (under the nails) became purple. An hour later his heart slowed down and a severe chill followed. That night he felt a peculiar sensation all through his body which appeared in different places, but more especially in his head, back, down his spine, in his limbs and then back to his head again. He had some pain in the region of the heart for two weeks after.

"The general indications for the use of apis are a feeling of lassitude with trembling; sudden prostration of vital force, nausea, cold extremities, paleness of face and feebleness of pulse. (Pulte.) Itching, with burning of any part, constant desire, but inability to freely urinate, the urine being deep red. (Scudder.) The one indication that I would lay especial stress upon is that the skin or tissues are a purplish color. With this fact in mind, and the other indications present, we can always give apis with the assurance that it will give prompt and decided results. I have used this remedy in nearly every disease in which it has been recommended by the Homeopathic and Eclectic writers, and have always found it one of the most valuable remedies we possess. I have had good success with apis in simple apoplexy, and have given it hypodermically in epileptic convulsions with apparently good results."

2. "Every achievement in human progress is marked by epochs," writes Dr. Briggs.

"Epoch after epoch in medicine has come and gone until we had the Allopath on one extreme and the Homeopath on the other. The one giving far above the maximum dose of poisonous and injurious drugs, the other administering far below the minimum, infinitesimally small doses of relative ineffective drugs. These were the existing facts, not theories, that called for another epoch in medical science. Out of these two extremes a conservative sentiment grew for a more rational and scientific treatment of disease. The 'conditions' causing disease were studied with a view of the removal of the cause. Certain drugs were found to remove certain conditions wherever found—hence out of this was evolved Specific Medication for Specific Conditions or Indications of Disease. John M. Scudder championed the idea of 'Specific Medication,' rather than routine practice, as Hippocrates did that of experiment rather than superstition. From Scudder's efforts we date another epoch in the medical field. Absolute necessity was the parent of Eclecticism. The administration of extreme doses and contentment in a routine practice gave birth to an investigation of specific conditions and their antidotes. Specific medication was born in a protest against the routine practice of the Allopaths, and has grown to its present proportions by loyalty to its principles."

Dr. Briggs concludes with a strong argument showing the danger of annihilation aimed at by the invitation to federate with the dominant school. The plan is deceptive and intended to deprive us of the credit of work down in the line of specific medication. He



urges Eclectics to beware and to be active in maintaining the individuality of the Eclectic school.

Vol. XVII, No. 7. July, 1906.

1. Empyema, - - - - -	D. S. TALBOTT.
2. *Thermæco-Therapy, - - - - -	H. B. BROCKMAN.
3. *Blue Babies, - - - - -	IEA W. UPshaw.
4. *Coughs, - - - - -	A. W. DAVIDSON.
5. *A Few Considerations in Lithotomy—Report of cases, - - -	G. W. FRANKER.
6. *The Single Remedy as viewed from an Eclectic Standpoint, T. A. SON.	
7. *President's Annual Address, - - - - -	T. G. MEEDITH.
8. Ovarian Abscess, - - - - -	H. H. HELBING.
9. Kansas State Examination Questions, - - - - -	

1. Dr. Talbot's paper treats of the occurrence of empyema from various causes, and reviews a typical case occurring in his practice. His conclusions concerning empyema are:

"Empyema is a grave disease, but in the young with good constitutions, and even adults with good recuperative qualities, we may expect, by prompt surgical measures, to save a large percentage of our cases. Little help must be expected from internal medication; following the operation we would put the patient upon the indicated antiseptic remedy. But empyema should be regarded as a really surgical affection, and be treated as ordinary abscess by free incision, or by some method that will secure free drainage—this is what we want. I do not think an aspirator can be depended upon any further than for diagnostic purposes. A very large trocar might do, but remember, you want free and thorough drainage. I would not irrigate the cavity, unless the discharge is fetid. Do not be afraid that air will enter the pleural cavity. Of course it will. Give it free ingress and egress and it will do your patient no harm. The patient should, at the same time, be instructed in some well regulated method of respiratory gymnastics to increase the expansive power of the compressed lung, which will materially aid in relieving the pleural cavity of its morbid contents."

8. Helbing reports a case of ovarian abscess, which, owing to adhesions of intestines, had to be reached both by abdominal and vaginal incisions. During the operation a movement of the patient ruptured the intestines, which were so friable that they could not be sutured by a Lembert suture, and an fecal fistula was created by stitching the gut to the abdominal wall. Unpleasant accompaniments, including severe headache, fever, involuntary urination, Bell's paralysis, and fecal discharges from the vagina, made the case one of unusual severity and unduly prolonged. Strict attention to cleanliness allowed of the healing of both fecal outlets, and

Papers marked with an asterisk (\*) were read at the Missouri State Eclectic Medical Association Meeting and were simultaneously published in the July issue of *The American Medical Journal*, among the abstracts of which see reference to these papers.

the woman, who had been ill for three years, recovered fully and has since taken out a large life insurance policy. Both ovaries and the womb were removed. This case was remarkable in that the abscess was very small (size of peach) and that extensive adhesions accompanied walling of the peritoneum and intestines and prevented general infection. Singularly the vaginó-abdominal communication discharging fecal matter provoked neither peritonitis nor septicæmia. Another case reported is of interest. It was of eight years' standing, and though evidence pointed to cancer, it proved to be a ovarian hematoma and abscess combined.

### The Chicago Medical Times.

Vol. XXXIX, No. 7. July, 1906.

1. Surgical Diseases of the Gall-Bladder, - - - - FRANK HOFFMAN.
2. Easy Parturition, - - - - JOHN H. DYE, SR.
3. Two Interesting Cases Showing the Value of Cor-  
rect Diagnosis, - - - - C. F. MORTON.
4. Miscellaneous Homœopathic Notes, - - - - JOHN ALBERT BURNETT.
5. Rhus Tox, - - - - P. F. PRICE.
6. Intra-uterine Medication, - - - - C. WOODWARD.

1. Dr. Hoffman reviews the etiology of diseases of the gall-bladder comprising empyema, cyst of gall-bladder, pericystic abscess, atrophy of gall-bladder with abscess, gangrene, gall-stone, and malignant growths. The first five may be secondary to gall-stones. The etiology of each is considered seriatim. The symptoms and best method of operating for the relief of each are outlined. In the discussion following the reading of this paper, Dr. Whitford offered the following medicinal procedure for the cure of gall-stones:  $\mathcal{R}$  Powdered hydrastis, grs. v; sodium bicarbonate, 3j. Mix. Sig. Give in a wineglassful of water after each meal. Another is  $\mathcal{R}$  Fluid extract of lobelia, 3j; fluid extract of wild cherry, 3ij; simple syrup, ad. q. s.  $\mathfrak{z}$ iv. Mix. Sig. One teaspoonful three times a day.

2. Dr. Dye recounts his experience in a case of labor accomplished in ten minutes and proceeds to lengthily discuss easy labor. He has become convinced:

"That parturition is a \*natural function of woman; that childbirth is a physiological process; that pain in childbirth is unnecessary; that natural labor is a short, easy, and painless act; that pain is due to some abnormal condition or conditions; that the uterus and

\* While the expression "natural function" is not strictly correct English, I use it here and elsewhere purposely, as the reader will doubtless observe.

the nerves in a normal condition are not sensitive; that irritation, excitement, congestion, inflammation, exhaustion, and debility render these nerves morbidly sensitive and painful—hyperæsthetic; that the causes of this condition can be comprehended and the condition modified, and woman's suffering mitigated; that pain and suffering will cease if we establish natural conditions. \* \* \*

"To make parturition easy, the indications are for the most part plain and comprehensive: Develop and maintain as nearly as possible a perfect standard of health. Establish an equilibrium between the constructive and destructive forces, with the former slightly in excess. Correct all morbid conditions of function and structure. Allay all morbid sensibility of the nervous system, especially the nerves of the pelvis, sacrum, and uterus. Invigorate the nervous and muscular systems. Restrain undue ossification of the bones of the child till after delivery. The means for the fulfillment of these indications may be divided into dietetic, hygienic, and remedial."

He follows at some length to discuss the hygienic, dietetic, and remedial measures intended to facilitate and render labor painless. The article will repay reading in full.

3. Dr. Morton reports a case diagnosed by seven physicians as "stomach trouble all the way from inflammation to ulceration." Careful questioning brought to memories of members of the family that some months previously the patient had partaken liberally of grapes. Cathartic doses of fluid extracts of podophyllum and taraxacum, with a placebo application to the abdomen, was attended with the passage of copious quantities of grape skins and seeds. The patient reduced from a weight of 224 to 80 pounds, with swollen eyes, yellow conjunctiva, yellow skin, arms completely and legs nearly paralyzed, quickly recovered under this treatment; a second case had passed for consumption, but the lungs appeared normal. Case was diagnosed nervous irritability and made a good recovery in one year on syrup of hypophosphites compound.

4. Dr. Burnett offers a budget of notes gathered promiscuously from Boericke and Anschutz's Elements of Homœopathy tending to show remedies that may be used to prevent disease.

5. Dr. Price relates his experience with rhus in relieving peculiar pre-labor pain occurring in the eye and resembling labor pains in coming on intermittently and feeling as if the eye would burst. No uterine pain was felt. Rhus in minute doses was apparently followed by quick relief when regular labor quickly came on and the child and secretions were promptly expelled.

6. Dr. Woodward declares that:

"The most simple and specific treatment for controlling uterine exudations, that are so disgusting to every woman, is that called intra-uterine medication, the method of which is to alternately introduce in the uterus through a small return douche four ounces of a twenty-five to fifty per cent solution of peroxide of hydrogen, with eight ounces of a one, two, three, four, or five per cent solution of another antiseptic twice a week. The writer has practiced this method of treating uterine diseases for twenty-five years, without inducing a single colic."

Vol. XXXIX, No. 8. August, 1906.

1. San Francisco Quake and Fire, - - - - - JOHN FERN.

The bulk of the papers of this issue are reprints from the National Transactions and a paper appearing before in the Times.

1. Dr. Fearn, a staunch Eclectic of the coast and sound writer upon therapeutics, graphically describes the scene of fire and quake, and writes of the Eclectic situation in San Francisco.

"In conclusion, I know you will want to know how Eclecticism has fared. I can say we have suffered with the rest. Our college, with its records, was burnt down. Many of our men, teachers in our college and friends to our cause, have been burnt out. It is truly, for some of them, starting life again. Do you ask me what our college people will do? I answer, I know not. In one quarter there has been a call to merge with one of the old school colleges. I have up to this time failed to hear of more than one or two who are in favor of this course. I should have thought our people had had enough of merging. A few years ago we had an Eclectic Board of Examiners, but our folks went in for merging and they did merge, and in my opinion the fruits have been very bitter. Our friends in the South at Los Angeles have made a success. There they have a good Polyclinic, and it is my judgment that the best thing the Eclectics of California could do would be to transfer their college interests to that city, and not merge themselves out of existence."

#### The California Medical Journal.

Vol. XXVII, No. 5. May, 1906.

1. Leprosy, its Causes, Prevention and Cure, - - THEODORE JUDSON HIGGINS.
2. Earthquake Emergencies, - - - - - A. B. NELSON.
3. Annual Address, - - - - - H. W. HUNSAKER.

1. Continuing his article on leprosy, Dr. Higgins says several papers will be required to touch upon the next phase of treatment—that of elimination, asepsis, regeneration, and precautionary germicidal measures. He writes:

"First we must insist that the daily bath prescribed must never be stopped during the entire course of treatment of a given case. It may be varied to suit individual cases and the steam bath in the cabinet may be used in place of the regular tub bath or the electric light bath may be used if such facilities are available. But when

either the steam cabinet or the electric light bath is used a thorough treatment of the patient with a sheet immersed in the methyl sod. salicylate solution and wrapped about the body and worn during the bath should be insisted upon. We recommend the following formulæ for the solution:  $\mathcal{R}$  Alcohol; Lloyd's asepsin, aa $\mathfrak{f}$ j; aqua, q. s. Oij. Moisten sheet with hot water, then sprinkle thoroughly with this solution over the entire sheet; wrap patient in this sheet, place in the cabinet and commence the bath. While patient is in the bath give freely of tepid distilled water to drink. After removing patient from the bath he should be thoroughly doused from head to foot in the aqueous solution same as for the ordinary tub bath, and then rubbed down with the olive oil camph. phenique comp. mentioned in one of our previous articles, and should be dressed if the patient requires it. To lie down and take a good nap will prove very beneficial and refreshing after the bath."

Dr. Higgins objects to the use of mercury in any of its forms and avers that all the at first apparent good results from such may be obtained by the proper use of the various light treatments and the use of water freely charged with the red, blue, or violet rays, as specifically indicated. Surprising results come from the use of the latter. The free use of the static breeze and the X-rays will prove of value. The indicated remedy now is likely to be specific podophyllum in small doses or specific iris. He says:

"Always read your specific indications carefully, and treat in accordance therewith and get results. Our patient is now making progress more rapidly, feeling is returning in various parts wherein the anæsthesia was marked and the patient is becoming more and more hopeful; ulcers are healing and maculate patches are disappearing. The vital processes are coming a little nearer the normal physiological balance which is essential to a healthy state. It will now be found essential to stimulate a regeneration of the cells composing the various organs which make up the cosmos of the human body, and one of the very best remedies for this purpose is the specific medicine podophyllum combined with leptandra. Use it only when specifically indicated by fullness of tissues and particularly by a fullness of the superficial veins or when the pulse is full and oppressed. There may be a dirty yellowish coating on the tongue and dizziness, and the leptandra is found beneficial in combination with the podophyllum to overcome the mental torpor and drowsiness and the depressed mental state and to stimulate the enfeebled portal circulation. These drugs should not be used to produce a cathartic effect but their use should be carried on persistently to produce the mildly stimulating effect of the drug in this direction. It will be found that the clay-colored stools will give place to more normal evacuations as the digestion of the patient improves under this treatment. The blood will become more normal in character, the red cells will commence to lose their crenated appearance and will begin to

approach the normal average in point of numbers and the leucocytes will also bear a normal relationship to the changed conditions. The hyperleucocytosis which is present in this class of cases will give place to a normal physiological leucocytosis and vast improvement will be noted as a result of the persistent use of these remedies under the conditions enumerated. An occasional dose of specific hydrastis will sometimes prove an excellent adjuvant treatment in connection with the podophyllum and leptandra. It is specifically indicated in those cases where there is a catarrhal state of the mucous membrane unaccompanied with acute inflammation thereof, such as frequently occurs at this time and especially if there is gastric irritability and where some of the lesions of the skin are dependent on this same gastric irritability."

2. Dr. Nelson thus caustically attacks what he considers unwarranted intrusion as follows:

"The earthquake and fire were unexpected callers, after the shake the fire started in to do its damage; in three days it accomplished its deadly work in the destruction of our magnificent city—or the greater parts of its business district. The plain skeletonized, colorless truth is we did not have enough water to combat the great conflagration. A number of individuals were injured, some killed. Were doctors, nurses, and undertakers as scarce as the water supply? What was needed most in this great calamity? Dynamite, water or doctors? Between the fire, earthquake and doctors, only a few were killed—our undertakers could easily cope with this emergency. A few were injured; our city register probably contained enough available doctors to supply this want; yet doctors and nurses came to the city in great numbers. This inconsistency hinged mainly upon the National Red Cross Association, the crank aggregation of medical aid 'from the East,' (when we had plenty in the West). When nine old women enter a sick room when only one is needed, eight should leave and not inhale the oxygen that belongs to the one—the one most needed should remain, and the one most needed is the one best acquainted with the sick at hand, and the conditions and surrounding circumstances. Did our friends from outside cities know more about the conditions here than our own home physicians? Would it not have been more in keeping for each nurse to have sent a pound of absorbent cotton than to have sent herself and absorbed all she could after her arrival, which rightly belonged to a home nurse? All were permitted to come in, and their arrival was no doubt a purely humanitarian arrival, but probably operating under different management. We can excuse all, however, and we thank them for their timely arrival except those who had not attained a certain degree of proficiency; those amateurs known as 'ministering angels,' were asked on several occasions to step aside for standing in the way, and make room for the real thing."

3. Dr. Hunsaker, in his annual address before the California State Eclectic Medical Society, pleads for unity, which has been

lacking, considers the undesirable state laws, advocates the perpetuation, by rebuilding, of the California Medical College, and by request asks the members when on the floor to refrain from referring to the horrors of earthquake and fire through which they had just passed.

Vol. XXVII, No. 6. June, 1906.

1. Eclecticism—Its Present and Its Future, - - - - J. F. PETERSEN.
2. Leprosy—Its Causes, Treatment, and Cure, - - - - THEODORE JUDGE  
HIGGINS.
3. Apocynum, - - - - A. S. TUCHLER.

1. Dr. Petersen discusses specific medication and asks, when armed with such an aid, why Eclectics are not better known. We take it that he is referring chiefly to local conditions in California when he says:

"The answer is simple: First, the hard workers for our cause have not help enough; most of the time they have to fight single-handed, and eventually get tired of this. Second, too much jealousy and petty quarrels result in lack of harmony. Third, as a school we are too backward and lack the spirit needed to maintain enthusiasm. Many desert us because we are in the minority and for this reason only. Others are afraid to let the world know that they are Eclectics. If we are afraid to tell the public that we are Eclectics how can we ever expect to get the credit due us? Fourth, not enough attention paid to legislation. Fifth, last but not least, lack of business tact and methods."

He believes, since the destruction of the California Medical College, with its inadequate quarters, that the time is ripe for the building of a new and modern institution, and that financial assistance can now be obtained better than at any preceding time. He strongly resists the idea of a merger with the regular and homœopathic schools, and regrets that the Eclectics were decoyed into accepting the present state board, with unequal representation.

2. Dr. Higgins indorses the use of methyl sodium salicylate now being used by Dr. Isadore Dyer in leprosy, and says that the idea is not new but has been known to him for twelve years. Dr. Higgins maintains that it is of great service only in properly indicated cases, and that it should be used in a saponaceous base in a hot bath, as he has heretofore recommended in this series of papers. He names several contraindications to its employment.

3. Dr. Tuchler reports several cases showing the beneficial results obtainable from specific apocynum when prescribed according to indications—particularly where œdema is present and the heart is involved.

## PUBLISHERS' DEPARTMENT.

JOHN URI LLOYD, PHAR. M., EDITOR.

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### CONCERNING STIMULANTS. No. IV. (ALCOHOL.)

[BY THE DEPARTMENT EDITOR.]

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The three preceding numbers of this series considered stimulants that are employed primarily as stimulants, and secondarily in some other direction. For example, although whiskey (see July GLEANER), is used somewhat as a liniment and also in making a few true legitimate pharmaceutical preparations, the bulk is employed as a stimulating drink, either in its raw condition, or when artfully flavored and disguised. We have now to do with *alcohol*, the intoxicating life of whiskey, which is, however, more largely utilized in the arts and manufactures, including the manufacture of medicine, than it is as a stimulant, be it either internally or externally.

**Origin.**—Whatever contains sugar or glucose is capable of producing alcohol. Since all forms of starch can be converted into glucose, all starch-bearing substances are capable of yielding alcohol. The life of the plant and the growth of the plant depend upon the elaboration and disintegration of starch and its consequent by-products. The study of plant life is thus the study of the birth, transmigration and transformation of the starch corpuscles. Since all vegetation contains either starch, sugar or glucose, it follows that alcohol can be made from nearly everything that grows. But in many instances the starch is so insignificant in amount as to render the plant in which it is stored unprofitable as an alcohol producer. To state it briefly, all substances such as the seeds of cereals; all tubers such as potatoes; the sugar-bearing roots, barks, leaves and fruits, such as the root of the *Agave americana*; leaves stricken with the disease that causes the excretion of "honey dew;" fruits such as raisins, peaches and plums; can by fermentation produce alcohol. Nor are alcoholic possibilities theoretically confined to starches and sugars of vegetable origin. The in-



sect known as the aphis is covered with an exuding sweet liquid, and nourishes colonies of ants which lick from them the saccharine excretions. These would unquestionably produce alcohol by yeast fermentation. In like manner, honey depends upon an insect for its collection, while koumis is a fermented alcoholic liquid made from milk. Thus, it may be said, both the animal and the vegetable kingdoms may yield alcohol, although in the first equation plant life is involved.

**Dissemination of Alcohol.**—Alcohol is the most widely disseminated of all stimulants. It is everywhere. All the fruit that ferments in the open, gives to the air the alcoholic result of the decomposition of the starches and glucose. Decaying vegetation, as the seasons come and go, throw into the atmosphere their loads of alcohol. The roots of trees, the tubers of vines that thread the earth, die, and in their fermentative death throw into the earth and into the air, the alcohol that results. Its stimulating and nourishing action thus becomes a possibility in unlooked for directions. The alcohol poured into the atmosphere and into the earth in the transformation and disintegration of fermenting starch and sugar would probably far overshadow the combined products of all the distilleries.

In domestic life, alcohol is a factor in the every-day manipulations of food. All forms of bread and cake that rise under the influence of yeast are lightened by reason of alcoholic fermentation. Cider, the beverage of the people of the North, and wine, the beverage of the people of the South, alike depend on alcohol for their stimulating qualities. Were it not for alcoholic fermentation and alcoholic destruction there could be no vinegar, and thus all condiments dependent upon this mild, pleasantly flavored acid owe their existence to alcohol.

**Alcoholic Drinks.**—"Every clime, even to Greenland, where the natives make a disgusting intoxicant of a peculiar fungus, furnishes intoxicants, and people of all climes use them. The Nubians make a barley beer which they call bouze, and also a wine, from the palm-tree. The savages of Africa draw the clear, sweet juice of the palm oil tree into a gourd in the morning, and by night it becomes a violent intoxicant. The natives of the Malayan Archipelago ferment and drink the sap of the flower stems of the cocoanut. The Tartar tribes make an intoxicating drink from mare's milk, called koomis. In South America the natives drink a vile compound, called cana, distilled from sugar cane. In the heart of Africa, cannibal tribes make legye of a cereal, and indulge in wild orgies over their barbaric

cup. In North America the Indians, before Columbus discovered America, made an intoxicating drink of the sap of the maple-tree. The national drink of the Mexican is pulque, a beastly intoxicant, prepared from the *Agave Americana*. Mead is an alcoholic drink, made of honey, and used in many countries. In China wine was indulged in from the earliest day, and in former times, had it not been for the influence of their philosopher, Confucius, who foresaw the end, the Chinese nation would have perished from drunkenness. \* \* \* The juice of a species of *asclepias* produces the intoxicant soma, used once by the Brahmins, not only as a drink, but also in sacrificial and religious ceremonies. Many different flavored liquors made of palm, cocoanuts, sugar, pepper, honey, spices, etc., were used by native Hindoos, and as intoxicants have been employed from the earliest days in India. \* \* \* The worst classes of drunkards of India used Indian hemp to make bhang, or combined the deadly narcotic stramonium with arrack, a native beer, to produce a poisonous intoxicant. \* \* \* The fruit of the juniper produces gin, and the fermented juice of the grape, or malt liquors, in all civilized countries are the favorite intoxicants, their origin being lost in antiquity. Other substances, such as palm, apples, dates and pomegranates, have also been universally employed as drink producers."—*Etidorhpa*, Chapter XXIX.

In its relationship to beverages and internal stimulants, the alcohol subject, as regards both the rights and the wrongs that follow in its path, would require volumes. It threads the history of every country producing a fruit capable of fermentation; it even creeps into the frozen lands of the far North, for in Greenland a fungus is employed by the natives as a drink producer. But our part is now the consideration of "Alcohol and Its Utilization," not, "The Use of Alcoholic Stimulants."

**Alcoholic Preparations** have been dominant in medicine since man learned that a fermented liquid would abstract and preserve organic substances whose life or qualities would otherwise quickly alter or disappear. Thus arose the tinctures of the olden time, and the spirits obtained by distillation from fermentable fruits and vegetables. And as the art of pharmacy and the science of chemistry widened, the use of alcohol in the making of pharmaceutical preparations and chemicals correspondingly increased, until at present it may be said that the one agent that in importance comes next to water in manipulative processes, is alcohol. It is utilized in the making, or at some point in the manipulation, of more remedial agents, and of a greater number of organic chemicals, both synthetic and natural, than any other substance, excepting water.

It is second in importance to no other substance (excepting water), in the pharmacy and the chemistry of medicines, be they alkaloidal, glucosidal, or synthetic; be they dry or liquid.

**Internally.**—But it does not necessarily follow that alcohol is used internally in all medicines where manipulative alcohol is utilized. Certain classes of medicines, when finished, contain no alcohol, though alcohol has been largely employed in their manufacture, as for example, strychnine and morphine, the resins, and the resinoids. Other classes, for example, the standard liquid plant preparations, must carry into the finished product the strongest possible alcohol. Destruction of quality follows, if water be present in any appreciable amount. And other classes still are made with varying menstrua composed of alcohol and water, or with mixtures of these with glycerin, and in these latter classes, decrease or exclusion of the alcohol destroys or materially injures the remedial compound. Recognizing this fact, the man who studies organic pharmacy considers alcohol as his greatest friend, if his art be considered as the making of reliable and responsible medicinal agents. In numberless preparations, a reduction of alcoholic strength of the menstruum results in a corresponding reduction in the therapeutical value of a preparation, and the pharmacist who attempts to reduce the cost of his preparations by displacing alcohol with water, saves a few cents at the expense, perhaps, of life itself.

**Official Alcohol.**—Each succeeding Pharmacopœia of the United States requires that Official Alcohol contain more alcohol and less water, than the Pharmacopœia preceding. Thus, the specific gravity of alcohol of the Pharmacopœia has decreased from 0.835 to 0.816, within the last three decades.

Alcohol is transparent, volatile, of a slight, not disagreeable odor, and a sharp, stinging, burning taste. The best commercial alcohol is impure. The impurities are markedly disagreeable in odor, but their full qualities are as yet undetermined. These impurities are volatile at the temperature at which alcohol is distilled in the usual distilling apparatus; they are not separated by filtration through charcoal; they are masked in odor by the dominating vapor of alcohol, and their specific gravity does not disturb that of alcohol. Hence they are an unknown factor with those who employ, as well as with those who manufacture official alcohol. But this writer considers them so important as to have necessitated in his laboratory the installing of an apparatus devoted exclusively to the

purifying of official alcohol, the purest that can be found on the market, by separating from it these hitherto unknown or overlooked constituents. The very best attainable alcohol, at whatever increase of price, is not too good for medicinal use.

**Importance of Alcohol.**—The commercial interests of America have long vainly pleaded that the cheapest possible alcohol be at the command of American manufacturers. The beverage tax, over \$2.00 per gallon, upon alcohol used in the arts has, since the Civil War, been a business imposition on American interests. Men concerned in the progress of the country have long unavailingly tried to induce Congress to serve the people by the withdrawal of this onerous burden. At one time a Free Alcohol Bill actually passed both the House and the Senate, but the then Secretary of the Treasury, John G. Carlisle, refused to appropriate money to install the service, and the next Congress, for some inexplicable reason, repealed the bill. The last Congress (1905-6) re-enacted a Free Alcohol law, and even the Senate passed the ordinance to serve the people's interest. This bill is to take effect January 1st, 1907, providing in the meantime, Congress or the Courts do not repeal or retard it. Let us then consider the all-important subject of "Free Alcohol," a subject now of the greatest importance.

[See Publishers' Department, November Gleaner, Free Alcohol.]

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## CONCERNING BOOKS.

By H. W. FELTER, M. D.

The third of the trio of Eclectic publications for the year and one of the most important ever published by a member of our school, is "Diseases of the Nose, Throat, and Ear," by Kent O. Foltz, Professor of Ophthalmology, Otology, Rhinology, and Laryngology in the Eclectic Medical Institute, Cincinnati, Ohio, and author of a "Manual on Diseases of the Eye" (Cloth, pp. 643, illustrations 116. The Scudder Brothers Company, 1009 Plum Street, Cincinnati, O., 1906). Of books on this topic many excellent ones have appeared within the last year. But this book, for the purpose of the Eclectic student and physician, excels them all in that the author recognizes the great value and power of specific medication in these as well as other diseases. Too many works on these topics are overcharged with surgery to the neglect of therapeutic measures. The strength of this book lies in its specific medical treatment, much of which has been evolved in the long practice of the author in his speciality. Surgical measures are given in full measure also, and the work is admirably condensed. Apt illustrations abound to elucidate the text. We predict an extensive sale for this manual and expect a wide adoption of it in the

curricula of our colleges, in which it is sure to take first rank as the preferred text-book on the subject considered.—A useful book is “*A Compend of Materia Medica, Therapeutics, and Prescription Writing*,” with especial reference to the physiological action of drugs, by Samuel O. L. Potter, M. D., M. R. C. P., London. (Seventh edition, revised and enlarged; pp. 292. P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia, 1906. \$1.00.) This small, but by no means unimportant little work is one of the best of the series of quiz compends issued by Blakiston's. These compends have never been equaled for brevity and essentials. The above named volume is extremely popular and in its seventh edition has been revised to accord with the eighth revision of the United States Pharmacopœia. The matter is arranged in the simplest and easiest possible manner for reference.—Another of this series of compends has been issued to meet the requirements of the new Pharmacopœia, entitled “*A Compend of Pharmacy*,” by F. E. Stewart, M. D., Ph. G. (Sixth edition, revised and enlarged; pp. 187. Blakiston's Son & Co. \$1.00.) This work is based on Remington's Practice of Pharmacy in regard to such drugs and preparations as are official in the U. S. P. The subject is well condensed and in easy form for memorizing. It will prove useful to the student of medicine as well as the student of pharmacy.—A small book that can be recommended is “*A Compend of Operative Gynecology*,” by William Seaman Bainbridge, M. D., and Harold D. Meeker, M. D. (12mo. Cloth, pp. 66. The Grafton Press, New York City. \$1.00 net.) It is based on the lectures of Dr. Bainbridge and compiled with additional notes in collaboration with Dr. Meeker. It is designed as an aid to students taking the course in operative gynecology on the cadaver in the New York Post-graduate School and Hospital. The aim is to present the matter in such a manner that the gynecologist as an abdominal surgeon shall be able to cope with any intra-abdominal condition that may be met with. With this end in view much attention is given to exploration of the viscera. The book is a model of conciseness and brevity.—The need of small books devoted to special topics is now receiving considerable attention from publishers. One of the best and most useful of these brochures is “*Eczema*,” by Samuel Horton Brown, M. D. (Cloth, pp. 105. \$1.00. P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia, Pa. 1906.) Considering that about one-third the common skin diseases met in hospital practice, and the many more that are often erroneously pronounced eczema in private practice, this book is timely. The style is direct and clear. The course diagnosis and treatment are fully given and the work contains 146 prescriptions illustrating dosage in local applications. It well deserves a place in the physician's library.—Readers of the American Journal of Surgery are familiar with the pages of “*Surgical Suggestions*” in each issue, which have been so widely used by editors of journals for notes in their publications. Those for the past year have now been issued in a small book entitled “*Surgical Suggestions*,” Practical Brevities in Surgical Diagnosis and Treatment, by Walter M. Brickner, M. D., editor of American Journal of Surgery, and Eli Moschowitz, M. D. associate editor of same journal. (Duodecimo,

cloth, pages 60; 50 cents. Surgery Publishing Co., New York. 1906.) "This little book is most novel, not only on account of the many original, terse and epigrammatic practical suggestions given, but its general appearance and attractive form. It contains 250 suggestions grouped under proper headings and its contents is carefully indexed. While some of the items are familiar to the practical surgeon, they are presented in a manner that will impress them on the reader's memory. The book is bound in heavy cloth, stamped in gold, and the text is printed upon India tint paper with marginal headings in red. This book will undoubtedly be much appreciated by the general practitioner, not alone on account of the value of its contents, but as an artistic bit of book making."—In part of somewhat similar trend to the preceding, but differing in style and treatment, as well as being delightfully reminiscent, is the book "Golden Rules of Surgery"—aphorisms, observations, and reflections on the science and art of surgery. Being a guide for surgeons and those who would become surgeons. By Augustus Charles Bernays, A. M., M. D; Hdlbg: M. R. C. S. Eng. (Cloth, pp. 232. C. V. Mosby Medical Book Co., St. Louis, Mo.) This book should be placed in the hands of every student the first year he enters college and he should read and re-read it until it becomes a part of him. It is neither a text-book nor a treatise, but filled from cover to cover with hints and aphorisms that will be of immense value to the possessor of this book. The author—a St. Louis surgeon of international reputation—has some ideas of pathology which are somewhat at variance with present theories, and these he fearlessly presents in unmistakable language. Thus he says: "Infection causes tissue-unrest; regeneration is thus nearly always interrupted, and there is pain. Let us substitute the simple, clear terms of infection and its concomitant tissue-unrest for inflammation. Away with inflammation!"—A book of the highest merit has just been issued from the press of Appleton—"The Prophylaxis and Treatment of Internal Diseases," by F. Forchheimer, M. D., Professor of Theory and Practice and Clinical Medicine in the Medical College of Ohio. (Cloth, pp. 652. D. Appleton & Co., New York and London. 1906.) The author of this book, the like of which has not been attempted before, is a distinguished clinician. It is refreshing in these days of medical nihilism to know that he uses medicines freely but is wholly impartial in his criticisms on their utility or non-utility in disease. His large experience makes him an authority on the subjects treated, and he discusses his topic with a frankness that is commendable and delightful. He leads off in treatment with his own experience and follows with other useful methods. He has aimed to make the book one adapted to private practice. The work is one of the best extant and will rank in popularity with Anders, Osler, and Tyson. The comparisons of present and past treatments and conciseness and brevity of style makes this a most useful book for the general practitioner and the advanced student, for both of which it was prepared. The author seems perfectly unbiased and commends or condemns at will in a manner that will appeal to the reader.—A work that has already become a classic has been issued in its ninth and revised edition—"A Compend of the Practice of Medicine," in-

cluding a section on Mental Diseases and Diseases of the Skin. By Daniel E. Hughes, M. D., revised by Samuel Horton Brown, M. D. (12mo. Full Morocco, pp. 785; illustrations 27. \$2.50 net. P. Blakiston's Son & Co., Philadelphia, Pa., 1905.) As a specimen of book maker's art this beautiful leather-bound, round-cornered, and gilt-edged volume is not excelled in this country for the price. The popularity of this work as a text-book, for it is more than a compend, is attested by the fact that it is now in its ninth revised edition. It has been enlarged by 137 pages and 27 illustrations have been inserted. New material worthy of mention includes articles on the classification and general characteristics of fevers, the blood and its examination, sputum examination, examination of stomach contents, urinalysis, physical diagnosis, and the introductory notes on symptomatology introducing each section. This rewritten work will be justly appreciated.—A new work covering a special field, usually given up to surgery, treated medically is welcome in these days when therapy is largely neglected. It is "*A Non-Surgical Treatise on Diseases of the Prostate Gland and Adnexa*," by George Whitfield Overall, A. B., M. D. (Cloth; pp. 238; 26 illustrations. Rowe Publishing Company, 1906.) This practical work is well illustrated and will be especially welcomed by physicians who seek to treat these cases non-surgically. The author has devised a simple and cheap instrument for the diagnosis and treatment of prostatic maladies, and this book illustrates its use. Both the instrument and the book are commendable and should be familiar to physicians before giving up such cases to surgery.—*Classified Sanitarium Directory of the Eastern United States*, (illustrated. July, 1906) is the title of a convenient 56-page pamphlet issued by the Brooklyn Medical Journal. Its compiler is G. L. Harrington.

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**Transactions for Distribution.**—There are in the hands of the Secretary of the National Association the following: Volume XXIII, 157 copies; volume XXIV, 84 copies; volume XXV, 146 copies; volume XXVI, 154 copies; volume XXVII, 179 copies; volume XXVIII, 121 copies; volume XXX, 12 copies; volume XXXI, 42 copies; volume XXXII, 99 copies; volume XXXIII, 37 copies. According to a resolution passed at the Put-in-Bay meeting, the Secretary was instructed to keep twelve copies of each volume, and send to all members in good standing copies of the volumes on hand above that number, provided the members desiring such volumes would pay the transportation on the same. I now have some orders, which will be filled in regular order as they were received, and future orders will receive as prompt attention as the work of the office will allow. The boxing and packing of these, where a number is ordered, will amount to approximately fifty cents, and the association should not be expected to defray this. In ordering books do not fail to send explicit directions, as it is impossible to deliver the books to any who fail to send street and number. Do not overlook this if you wish no delay in receiving the books.—Wm. P. Best, Secretary National Eclectic Medical Association.







**DR. WILLIAM ANDERSON SNYDER,**  
A pioneer Eclectic of San Francisco, California.

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## EDITORIAL.

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**DR. WILLIAM ANDERSON SNYDER.**<sup>1</sup>—To write good biography it is essential that one include the parentage, the hereditary influences and the environments of the subject of his sketch. The remote ancestry, with their environment, the spirit of the times in which they lived, their social and political status, their religious development, and their opportunities and disadvantages in life, should figure justly and largely in the estimation of the character handed down to their children and children's children. Of the individual whose brief sketch we include, with portrait, in this issue, we can learn but little. Of his boyhood, his parentage, his natal-day, or the hour and manner of his death we know next to nothing. That he was a practicing physician we are certain, but whether he practiced ethically or not or what was his conduct in life we are unformed. Only one claim has he to our consideration—so far as we know—he was a Pioneer—an Eclectic Pioneer.

He who treads for the first time the untrodden wilderness and opens up its possibilities to future generations commands the veneration of those who reap the benefits in the years that follow. He who is the first to make history, whether in the discovery of a

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<sup>1</sup> We are indebted to Professor Herbert Tracy Webster, M. D., for portrait and facts concerning the life of Dr. Snyder.

new land, in the founding of a new settlement, in the greater deeds of warfare, in the invention of revolutionary machinery or methods, has his name treasured as is no other by posterity. Shall he who carries to a new territory a new and beneficent doctrine, or a new principle, be it in medicine, in philosophy, or in sociology—be less deserving of a place in the hearts of the people? Therefore, let us perpetuate the memory of an Eclectic pioneer in this all-too-brief tribute.

William Anderson Snyder carried Eclecticism to the Pacific Coast in 1849. Notwithstanding it was the time of a great exodus of gold-seekers from the States—representing every grade of social conditions, and among them those not over-particular in regard to creeds of theology, law or physic, yet it took rare courage to introduce a new and much-reviled system of medicine. Whether Dr. Snyder was the first to plant Eclecticism on the coast we are not prepared to say, but that he was, at least, among the earliest and that he was the first Eclectic physician to locate in San Francisco, is a matter of record. That he was the first seems reasonably certain, for Eclecticism, as such, was then only four years old, and had scarcely spread to the Mississippi. Dr. Snyder was a native of the State of New York. He sought the Golden Gate by the way of the Isthmus of Panama. For several years he was a leading practitioner in the city of San Francisco. Being of a roving disposition, however, he finally relinquished his pioneer field and emigrated to South America, and is said to have died in Nicaragua, in 1860.

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**FALL AND WINTER REMEDIES.**—The disorders of autumn and winter, taken as a class, differ in many essential particulars from those of other seasons of the year. Chiefly they lie in the direction of diseases produced by colds, epidemic influences, and in the various fevers. We have selected and briefly touched upon some remedies appropriate to these seasons and their prevalent disorders. These show but a small part of the medicinal resources that might be mentioned; and they also show the richness of specific medication in the direction indicated. We believe from a satisfactory experience, that he who employs these remedies for the conditions named can not go far astray therapeutically, and

that he will be correspondingly pleased with the results. Let us note these remedies alphabetically.

**ACID SOLUTION OF IRON.**—This is the preparation of iron that we prefer when iron is indicated in the run-down condition so frequently met after the exhausting effects of a long hot summer. This may be pleasantly prescribed as follows: *R.* Acid Solution of Iron (Howe's), 3j; Essence of Orange, 3ij; Simple Syrup, q. s. *℥iv.* Mix. Sig. One teaspoonful every 4 hours. Essence of orange prepared by saturating weak alcohol with the peeled outer layer of sweet orange skin we have found preferable to the essence prepared by dissolving the commercial oil in alcohol. The latter essence is very apt to develop the taste and odor of turpentine when added to an acid substance.

**ACONITE.**—Standing pre-eminently at the head of fall and winter remedies is aconite. Fully nine-tenths of the acute febrile conditions due to cold and exposure are readily controlled by it alone. It is a remedy in coryza, acute bronchitis, neuralgia, myalgia with fever, various forms of pharyngitis and laryngitis, while in tonsillitis it is a leading remedy. Even in the continued fevers, including typhoid and typho-malarial, as well as in pneumonia and acute rheumatism, in all of which we are cautioned to be careful not to depress the heart, it is an extremely valuable agent. But, it must not be used in depressant doses. We have employed it without the least mishap all through the course of these diseases; and have even introduced it at times when the heart action was weak, when not using it at other periods during the disease, and always with the result of strengthening the heart action instead of depressing it. Not over three drops of specific aconite should be added to four ounces of water, and the dose of this mixture is a teaspoonful every hour or two. The reckless use of large doses and the fear engendered by published statements of writers of the regular school—even those who rigorously employed the coal-tar depressants—is, we believe, the foundation for the statements of otherwise good therapists that aconite is a dangerous remedy. It has more than one grade of action, and the minute stimulant dose of aconite does not do harm, but good. For any of the conditions mentioned whether in adult or child, the above-mentioned combination is strong enough. It is indicated in all these disorders by the small frequent pulse with rise of temperature: the pulse may be corded or easily compressed. A prominent call

for aconite is the occurrence of slight chills creeping up and down the back. If used at once when these occur it frequently proves an abortive remedy for disorders arising from colds and exposure.

**BAPTISIA.**—This is the remedy for typhoid conditions whether in true typhoid fever or obtaining in other forms of fever. The dusky purplish discoloration of skin and mucous tissues, the pinched and half-frozen expression, and the sordes on the teeth and lips point distinctly to baptisia as a remedy therefor. Not only is baptisia a useful remedy as above noted, but it occupies a prominent place in the treatment of sore throat with sluggish ulcers. Tonsillar and faucial inflammation, with dusky congested or sluggish ulcerated surface yields to baptisia as to no other agent. Here it should be sprayed upon the parts as well as given internally. It is also a valuable adjunct remedy in the treatment of scarlatina. The dose ranges from 1 to 10 drops in water.

**BELLADONNA.**—This is the remedy par-excellence for congestive conditions with disposition to dullness and sleepiness. It is equally valuable in colds, various forms of sore throat, in scarlatina, erysipelas, and in the beginning of inflammatory attacks. The dull eye with dilated pupils and tendency to stupor should lead to its selection. For the dullness and hebetude of typhoid and other fevers it is the best-known remedy. Belladonna and aconite given alternately in minute doses are quick to control acute coryza and are valuable, used according to indications, in la grippe. Add 3 to 5 drops of specific belladonna to 4 ounces of water. Dose one teaspoonful every 1 or 2 hours.

**BRYONIA.**—Like macrotys, one would scarcely know how to meet the painful affections of the fall and winter group of troubles without bryonia. It is the remedy for acute inflammation of the serous tissues and the joints. Aggravated by motion is a keynote to its selection. So varied are the uses of this remedy that we can touch upon but a few of its indications. The direct indications "are the hard vibratile pulse, flushed right cheek, frontal pain extending to the basilar region, and irritative cough." Add to these sharp cutting lancinating pain and tensive tearing pain aggravated by motion and you will be well guided in its use in the disorders of the colder seasons. No remedy is more often used in pleurisy, pleuro-pneumonia, pneumonia, bronchitis, typhoid pneumonia, pleurodynia, diaphragmatic rheumatism, peritonitis, synovitis, or articular rheumatism. It is a leader in la grippe,

both to control the chest symptoms and the frontal headache. The nervous irritative cough—dry, rasping, hacking or explosive—attended with sharp pains with scanty white or brown blood-streaked sputum is relieved by it. The cough aggravated by talking, eating, or by the warm air of a room, and the cough produced by “colds” are especially amenable to small doses of *byronia*. During a continued run of typhoid fever now lasting more than two years we have employed *bryonia* more frequently than any other remedy excepting *rhua*. Fullness of the veins, dry tongue, and delirium, added to the indications already given guide to its selection in fevers. From 3 to 5 drops should be added to 4 ounces of water and a teaspoonful be given every hour.

**CAPSICUM.**—A writer has aptly termed *aconite*, *belladonna*, and *capsicum* the A, B, C of the Eclectic materia medica. Perhaps we might with equal propriety substitute *bryonia* for *belladonna*. However, there is no better diffusible stimulant than *capsicum* nor one whose influence is better sustained. Wherever a stimulant is needed, be it in sluggish forms of sore throat, and in the salivary or peptic inactivity in typhoid fever, *capsicum* should not be overlooked. It finds a place both internally and locally in many of the autumn disorders. For this purpose it was once largely employed in the preparation known as Composition or Thomson’s No. 6. The dose of a good tincture of *capsicum* is from 1 to 10 drops, largely diluted with water.

**DIAPHORETIC POWDER.**—Had we to select but one pain-relieving agent we should decide upon diaphoretic powder in preference to morphine, *hyoscyamus* or other anodynes. Given in hot water, not warm, but as hot as can be drunk it is a most efficient relaxant and anodyne. A few powders frequently suffice to check an ordinary cold. To relieve the pains of pleurisy nothing is better (with *aconite* and *bryonia*) and it is equally serviceable in pneumonia, in which it not only relieves pain, but allays nervous unrest and quiets cough, and facilitates expectoration. Where opium would otherwise be contraindicated the other ingredients of this old favorite make it a desirable drug. It is the safest anodyne to relieve acute inflammatory rheumatism. As a preparator for the administration of quinine it has a well-earned reputation, and with bismuth subnitrate it quickly relieves diarrhoea of a profuse character attended with irritation and pain. The dose may range from 5 to 20 grains.

**DULCAMARA.**—This remedy is not often used, but serves a useful purpose in relieving painful conditions and cough dependent upon exposure to storms. During the last few years it has been our main reliance in pertussis, though not attended with the success that is reported for *Solanum carolinense*. Add 10 to 20 drops to 4 ounces of water, and give one teaspoonful every 2 hours.

**ECHINACEA.**—Echinacea is by far the most important antiseptic of vegetable origin introduced in recent years. Evidence of sepsis, be it in fevers, in the epidemic sore throats, in the exanthema, or in injuries, is sufficient to warrant its use. Boils and thecal abscesses and carbuncles are not uncommon in the autumn; these should be treated locally with echinacea or echafolta and large doses be given internally. Ten drops every 3 hours is about the right dosage in septic disorders.

**EUPHRASIA.**—This medicine has a limited range, but stands out prominently as a remedy in acute coryza, with thin acrid discharge. It must be employed early to be efficient, seemingly having but little effect in the later stages of coryza. From 10 to 20 drops should be added to 4 ounces of water; the dose of this mixture being one teaspoonful every half hour.

**GELSEMIUM.**—The indications for this remedy, so likely to be met in all seasons of the year, are well defined—the bright eyes, contracted pupil, and excitation, with intense surface heat. The circulation is excited, the patient excitable, the carotids pulsate forcibly, and there is evident determination of blood to the head. It is the remedy for active fever with convulsive tendencies, and is very valuable in acute rheumatic fever, lumbago, tonsillitis, and the various types of continued fever and the exanthemata. Add 5 to 30 drops to 1-2 glass of water, and give one teaspoonful every hour.

**JABORANDI.**—For those fall and winter troubles brought on by arrested secretion, chiefly of the skin and terminating in sthenic conditions, no remedy is superior to specific jaborandi. Thus in acute inflammations—pleurisy, pneumonia, arthritis, rheumatic or otherwise, inflammatory rheumatism with swollen and painful or puffed parts, with dryness of skin and membranes, subacute rheumatism with soreness and stiffness in the joints, and in acute inflammation of the kidneys, it is a remedy of unsurpassed value. It is indicated in such cases as would seem to point to *veratrum*, though there is great repression of the secretions of the glands of

the skin and mucous membranes and the special ferment and salivary glands. The urine is greatly decreased in quantity and is highly colored. It is a remedy for dry cough so often experienced in the beginning of the cold season. The usual prescription would be:  $\mathcal{R}$  Specific jaborandi,  $\mathfrak{zss}$  to  $\mathfrak{3j}$ ; water, q. s.  $\mathfrak{ziv}$ . Mix. Sig. One teaspoonful every 1 to 2 hours. Some have advised a single drachm dose in the active stage of sthenic forms of enteric fever, claiming that it quickly reduces the fever, quiets delirium, and brings about a quick restoration to health.

**LOBELIA.**—Lobelia is pre-eminently a fall and winter remedy. According to its use it may prove a valuable respiratory sedative or a stimulating expectorant. The chilling weather often induces colic in infants. Here no remedy surpasses small doses of lobelia. It is of exceptional value in measles and scarlet fever to bring out the eruption and to restore it after retrocession. It is a remedy in erysipelas and rhus poisoning, but its greatest value lies in the direction of the acute respiratory diseases so common to the cold season. The indications are a full oppressed or a feeble small pulse, with præcordial oppression, dyspnoea, with bronchial accumulations, giving rise to loud moist rales. The chief guides are the doughy feel of the pulse and the difficult breathing. The oppression and soreness of the chest common to chest affections are quickly relieved by the application of the compound emetic powder on the larded cloth, or the employment of the magna—libradol, both of which depend largely upon the lobelia present for their effects. Bearing in mind the above indications, lobelia proves a very valuable remedy in spasmodic asthma, pleurisy, pleuro-pneumonia, coughs, colds, coryza, laryngitis, broncho-pneumonia, and pneumonia, as well as all forms of respiratory irritation with depression. The dose is small. Add 5 to 10 drops of specific lobelia to 4 ounces of water. Of this give one teaspoonful every half, one, or two hours as needed.

**MACROTYS.**—Without macrotys, or cimicifuga, many of us would be at a loss to know what to do for the acute muscular pains so frequent from refrigeration and other causes in the fall and winter months. This is the remedy for myalgia of rheumatoid character, stiff neck, acute rheumatism, neuralgia from cold, lumbago, congestive headache or headache from cold, the aching tensive muscular pains at the outset of fevers, whether rheumatic or malarial, tonsillitis of rheumatic character, and for general soreness



and deep-seated pains in the body. The dose may be relatively large. The usual prescription is from 10 to 60 drops in four ounces of water. The dose of this is a teaspoonful every 1, 2, or 3 hours, according to severity of case and age of the patient. Tensive muscular or rheumatoid pain is the direct indication.

**POTASSIUM BICHROMATE.**—This salt in trituration (1 to 100) will be useful as a remedy for sore throat with sluggish ulceration and bathed with glutinous and tenacious secretion. It is also a good remedy for cough with tenacious sputum and with the characteristic mucous deposit it serves as a useful adjunct in diphtheria. From 5 to 10 grains of the triturate (1 to 100) may be added to 4 ounces of water and given in teaspoonful doses every half hour to hour. We have found it to act magically in the acute coryza of infants with free flow of mucus and suffusion of the eyes.

**PHYTOLACCA.**—Few think of phytolacca without associating it with some form of sore throat. But it is not the remedy for every kind of sore throat. Pallid mucous membranes with tendency to deposits and enlargement of the lymphatic glands lead us to select this remedy. The tongue is pale and somewhat leaden-colored, and if coated at all has a slick glutinous coat. The mucous membranes may show vesicular patches or whitish erosions. With these indications it forms a leading remedy in tonsillitis, croup, diphtheria, follicular pharyngitis and so-called rheumatism of the more chronic forms. It is also a good remedy for cough, when indicated as above. The dose should range from the fraction of a drop to 10 drops.

**QUININE AND CINCHONA.**—No one will gainsay the advantages of quinine and its parent drug cinchona in distinctly malarial conditions. Eclectics, from close observation and a large use of these agents, are satisfied that both are powerful agents for good or harm. The intensely nervous individual, with dry skin and dry irritable tongue will be damaged by quinine. The patient with soft and moist skin and tongue, and not very nervous, will be immeasurably benefited by quinine provided there is periodicity. Thus it becomes the leading remedy for "chills and fever"—intermittent fever—or any of the fevers taking on a periodic type. It is the remedy for malarial neuralgia and benefits colds just in proportion as the specific indications are present. As a general remedy for colds regardless of indications it should be condemned. We have seen neuralgic form of la grippe drive the patient nearly

insane after self-medication with liberal doses of counter-prescribed "grip remedies" containing quinine and coal-tar products. The older Eclectics recognized the true value and call for quinine, as shown by their preparation of the patient. Free sweating or least relaxation was produced by the use of diaphoretic powder, composition tea, or lobelia or gelsemium. This preparation should not be lost sight of if we would get the full benefits to be derived from quinine medication. Unless there is some good reason to the contrary we employ the capsule of quinine sulphate in doses of 3 grains with  $\frac{1}{2}$  grain of powdered capsicum because of its easy administration chiefly. Equal parts of quinine sulphate and diaphoretic powder is sometimes preferred, particularly in colds. Better than either for general use of quinine is the acid solution, though horribly repulsive to some tastes. It is prepared as follows: Quinine sulphate, grs. c; tincture of capsicum, gtt. v to viij; hydrochloric acid, gtt. xxx; water, q. s  $\bar{\text{z}}$ iv. Mix. (Essence of orange  $\bar{\text{z}}$ j improves the flavor somewhat.) Dose: One teaspoonful every 3 hours. Each dose contains practically 3 grains of quinine muriate. We find this preparation to be less disturbing to the stomach or head than the dry sulphate. As a general tonic in the fall and for children and old people we prefer an acid mixture of specific cinchona.

**RHUS.**—This remedy is mentioned here for its value in typhoid fever, though it has many other uses. The dry tongue, long, pointed and irritable, with prominent papillæ and the marked typhoid tendency with delirium make this remedy an appropriate one. Add 5 drops to 4 ounces of water and give one teaspoonful every hour.

**SANGUINARIA.**—This old-fashioned and now little used remedy is of special value in irritative cough with oppression and tickling of the respiratory passages back of the supra-sternal notch. Add 10 drops to 4 ounces of water or to simple syrup and water, and give one teaspoonful every 1 or 2 hours. **SANGUINARINE NITRATE** acts similarly, and is sometimes preferable. Add 1 grain to 4 ounces of simple syrup and give one teaspoonful every 2 hours.

**SODIUM SALICYLATE.**—There are at least two conditions in which sodium salicylate is pre-eminently useful. These are acute articular rheumatism and tonsillitis. It is also a good remedy for itching of the skin so common to the beginning of the

cold season. Locally it may be used with decided advantage in chronic pharyngitis and in chronic nasal catarrh. The indications are a full purplish or leaden-colored tongue, and the reddened skin, when pressed upon, shows a slight purplish discoloration. Medium doses of from 3 to 8 grains, administered preferably with fluid extract of licorice and essence of wintergreen and water, give the best results. It is a very important agent during tonsillitis to prevent the after occurrence of rheumatism.

**SOLANUM.**—Solanum is mentioned herein that it may not be overlooked in case whooping-cough again comes with all its dangers. The flattering reports by Dr. Wm. P. Best gives it the position of leading remedy for that complaint.

**VERATRUM.**—What aconite is to the asthenic, veratrum is to the sthenic condition; and the remarks concerning heart depression noted under aconite apply with equal force in regard to this remedy. Veratrum will perhaps find a greater use in the fall and winter than at any other season of the year. Pleurisy, acute bronchitis, pneumonia, tonsillitis, erysipelas, acute rheumatism, typhoid fever, the exanthemata, and sthenic inflammations are benefited by it. The usual prescription is 5 to 15 drops of specific veratrum to 4 ounces of water, the dose of which is a teaspoonful every one or two hours. The indications are distinctive and among the best established of specific guides—the full bounding frequent rope-like pulse, with intense action, even showing in the forcibly beating carotids. Vascular and general excitement are the keynotes to its selection.

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**THE INDICATED REMEDY—RHUS.**—Rhus Toxicodendron is essentially a remedy for nervous manifestations, and employed strictly according to the well-worked-out indications, is excelled by no other agent. It is a conspicuous example with which to illustrate the specific action of medicines. Its power over the nervous system was recognized over 100 years ago, when it was strongly urged as a remedy for paralysis. It subsequently drifted largely into disuse until revived by the Homeopaths and Eclectics, with whom it now constitutes a leading remedy. Rhus is a remedy for nervous unrest. The rhus patient starts out of a sleep as if frightened, and if a child, will utter a shrill cry—the brain cry, a cry that once heard is not easily forgotten. Used according to the indi-

cations enumerated below it is a valuable agent in febrile and inflammatory disorders, in vomiting, cholera infantum, cerebro-spinal meningitis, scarlet fever, measles, neuralgia, rheumatism, diarrhoea, dysentery, and herpes and erysipelas and other forms of skin diseases. The chief and most direct indication for it is the long pointed tongue with prominent papillæ, associated with burning heat, and redness and great unrest. Others are: The moderately quick small sharp pulse, sometimes wiry, sometimes vibratile; great restlessness with or without vomiting; child starts from sleep with a shrill cry as if from fright; tongue red and irritable, exhibiting red spots; strawberry tongue; pain over left orbit; burning pain; rheumatic pain aggravated by warmth; pinched countenance; burning pain in the urethra with dribbling of urine; acrid discharges from the bladder or bowels; tympanites; brown sordes; bright, superficial redness of the skin with burning, itching, or tingling; red glistening erysipelas, with burning pain; redness of mucous surfaces; conjunctival inflammation with pain, photophobia, and burning lachrymation; inflammation with bright-red tumid surfaces and deep-seated burning pain; tumid red swellings; inflammation with ichorous discharges, the tissues seemingly melting away; old ulcers with shining red edges; induration of the submaxillary glands.

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**GIFTS TO THE LLOYD LIBRARY.**—The Lloyd Library, already the repository of a rare and immense collection of books of priceless value on botany, materia medica, pharmacy, and chemistry, has been recently enriched by the bequest of a noted English scientist, soldier, and physician—Surgeon General James Pattison Walker, of Earlsmead, Clacton-on-the-Sea, who wills to the Library \$30,000 and his entire private library. The cash bequest is placed in the hands of Mr. Curtis G. Lloyd as trustee, “to be used for the purpose of securing qualified experts to make original investigations and literary compilations in the direction of the practice of medicine and pharmacy.” The collection of books bequeathed is most valuable, and consists of published works and priceless manuscripts, some of which were compiled by the student-scientist donor. Conspicuous among the work to be done under the terms of the cash fund is a study of the specific action of medicines re-

stricted to the clinical rather than to the theoretical side of medicine. Surely this is a splendid recognition of the merits of the Eclectic system of practice from one who was a close observer and independent thinker, and this gift to the library richest in Eclectic lore will be greatly appreciated by the Eclectics the country over.

Another gift of great value to the Library and to students in Eclectic and pharacal research is the library of the late Dr. Theodore L. A. Greve, of Cincinnati. The donation also includes an herbarium collected by Mrs. Greve's mother about seventy years ago, and another collected for Dr. Greve by Professor Adolf Leue about the year 1875. Dr. Greve was a distinguished scientist and scholar and a conspicuous supporter of the Eclectic profession during the first part of the last quarter of the century just passed. For years he was vice-president of the Board of Trustees of the Eclectic Medical Institute. This valuable donation comes from his widow, Mrs. T. L. A. Greve, to whom are due the grateful thanks of a generous profession.

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**HEART REMEDIES** should, as a rule, be given singly. Digitalis, strychnine, strophanthus, cratægus, adonis, lycopus, apocynum, and cactus are among the best known of this class and each have distinctive indications.

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**PURPURA HEMORRHAGICA.**—Specific hydrastis is the best medicinal agent for use in purpura hemorrhagica. A diet composed most largely of vegetables, with a liberal allowance of organic acids, should be enjoined.

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**COLLINSONIA** is the remedy yielding the best results in sore throat and cough induced by the overuse of the voice. Liberal doses of specific collinsonia, 10 to 15 drops, should be employed every two or three hours.

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**PNEUMONIA.**—Bryonia, aconite, veratrum, and lobelia are the most frequently indicated remedies in pneumonia. Fractional doses of the specific medicines of each should be given hourly.

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## SELECTED ARTICLES.

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### ECHINACEA.

WILLIAM NELSON MUNDY, M. D., FOREST, O.

THERE is probably no new remedy that has grown so rapidly into favor as echinacea. We call it new, because it has been but a few years since it has been introduced to and accepted by the profession. It has been within the writer's professional life.

The part used is the root of the *Echinacea angustifolia*, Nat. Ord. Compositæ, and is a native of the United States. The order Compositæ is a large one, comprising, it is said, about one-tenth of the flowering plants of the world. In this order we find the *liatris*, *eupatorium*, *erigeron*, *grindelia*, etc., the medicinal action of which differs materially.

The remedy is used both locally and internally. We have used specific echinacea and echafolta. Of late years we have used the latter almost entirely. The remedy possesses, judging from writers, a wonderfully wide range of usefulness. Personally we have not had experience with it throughout the many conditions in which it is said to be so efficient. Our personal use extends only so far as its antiseptic qualities are concerned, and possibly as an alterative, if you will allow the term. For these purposes we have used it both internally and externally.

In typhoid fever, we value it highly, and have used it for a number of years in this fever. When there is diarrhea, the discharges foul smelling, with tympanites, we prescribe it hourly.

In quinsy, tonsillitis, and diphtheria we frequently find indications for it. We have frequently used it in scarlatina, when the angina was marked and accompanied with considerable odor, showing considerable of a diphtheritic nature.

Locally we have applied it to wounds, contused wounds, or lacerated wounds presenting an unhealthy appearance, a tendency to suppuration and unhealthy granulations. We have also used it as a local application after amputations when the stump presented an unhealthy appearance. Carbuncles are incised freely and full

strength echafolta applied. Have lately used it as an injection in gonorrhea with satisfactory results.

The indications for it are: Blood depravation, with a tendency to sepsis or auto-intoxication.

We have not recorded half the conditions in which the remedy has been used, but simply our own experience in the conditions in which we have used it. Dose, 1 to 5 drops. Locally we have used it in such strength as circumstances seemed to warrant, from full strength to every conceivable dilution.—*Eclectic Medical Journal*.

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### BERBERIS AQUIFOLIUM.

HERBERT T. WEBSTER, M. D., OAKLAND, CAL.

*Berberis aquifolium* was introduced to the medical profession by an Eclectic physician, Dr. J. H. Bundy, of California. It is a shrub found in the Coast Range Mountains of California and in many parts of Oregon, and is popularly known as "Oregon Grape," on account of the berries it bears, which, when ripe, are not unpleasant to the taste. The bark of the root is the part employed in medicine.

Like many other remedies, its value as a medicine was discovered accidentally. A man who was badly afflicted with syphilis, becoming discouraged, and disgusted with life and its environments, retired to the solitude of the mountains in the neighborhood of Colusa, where Dr. Bundy was then practicing for the purpose of spending the summer alone, if he lived long enough. Being afflicted with much throat trouble, he craved something tart, and tasting the berries of the *berberis*, and finding them somewhat appeasing, continued to eat of them several times a day, for weeks. He finally found himself improving beyond all expectation, and as he was taking no other medicine, the impression arose that these berries were benefiting his general condition. He therefore persevered, and becoming very much interested, prepared a decoction from the leaves and used them, and also dug the root and tried it in the same manner. To make a long story short, within three months he returned to Colusa a well man, to all appearances and purposes.

His experience, when related to Dr. Bundy, was enough to stimulate a course of investigation on the part of that gentleman, and

we now possess, as the result, one of our most valuable and reliable specific remedies.

He prepared a tincture from the fresh bark of the root, and began its use in syphilis, scrofula and skin diseases, and soon came to the conclusion that he had found a remedy which was hardly equaled in the materia medica in the same field. Chronic ulcers, which resisted other treatment, healed under its constitutional influence. So remarkable was its effect in some cases that he believed he had found a remedy for cancer in this agent, though now we know that ulceration which he regarded as cancerous because it would not yield to ordinary treatment was really benign, because later trial has convinced us that cancer does not respond to it.

It is remarkable, however, how well it acts in some cases of stubborn ulceration. I remember a case treated years ago in which an old syphilitic ulcer of many years' standing, located over the back part of the hard palate, as large as a dime and deep as the soft tissues healed in less than a month upon the constitutional application of this remedy. I have also known irritable erythematous conditions of the skin to recover upon this agent administered internally a few weeks, after persisting for years. Some prefer to combine it with iodide of potassium in such conditions. It acts well when so employed, but it also acts well alone.

I do not wish to be understood that the remedy is infallible, and that it will cure every chronic ulcer that occurs in practice. We know that many cases of ulceration of the leg are due to ruptured veins, and that the only reliable method of cure is the surgical method; but it is well to emphasize the applicability of berberis aquifolium to chronic ulceration depending upon a constitutional fault, for its use can hardly be amiss in such cases, even though it does not always succeed.

Psoriasis is another condition where berberis has won laurels. I know of no other remedy half as reliable as it in such conditions. Perseverance with it is almost certain to bring satisfactory results. All that is necessary is to inspire the patient with confidence enough to continue its use a few months at a time.

Its early history contains some striking testimony as to its efficacy in stubborn skin affections. These are matters of history, but old history is sometimes forgotten and neglected, so I will rake a little of it up for present edification. The case of a Mr. Hall, a Michigan man, was considered remarkable at the time, and went the



round of the medical journals. Some doubted the genuineness of the cure at the time, suspecting one of the common dodges of patent medicine fakirs in order to bring this agent to notice, and Mr. Hall himself then made a statement, which was published in "New Preparations," a journal issued for a time by Parke, Davis & Co. It is as follows:

"I think I am in duty bound to bear testimony to the virtues of berberis aquifolium, having received almost miraculous benefits from it in psoriasis. I have been troubled for the past six or seven years, and believe there could not be found in Michigan a finer developed specimen than mine, being covered from head to foot with those charming incrustations.

"The only ill effect that I felt was my inability to work at my trade as a machinist. It never was irritable, but the fact of it being there almost drove me crazy. I went to England and attended the Royal Hospital for Skin Diseases about three months. The chief thing administered was Fowler's solution, and in about six months I got better. Was well for about a year, when it made its appearance again, in worse form, and I was induced to try berberis aquifolium. I had an eight-ounce bottle, and at the outset I experienced a tingling sensation of the skin, which lasted some time, and then I found the exfoliation getting less and less. After taking the berberis about six weeks in teaspoonful doses, four times a day, it ceased to form, and the red discoloration gradually disappeared. There is only one obstinate patch, about the size of a two-cent piece, on my knee, but that does not form any scales, and gives me no inconvenience. If you think proper, you can publish this statement. I can produce half a dozen medical gentlemen that saw me before taking the berberis, and I was indeed a picture of misery. I never deviated from my regular course of diet, and can not ascribe the cure to anything else but berberis."

Two other cases from the same publication, described by Dr. Mallory, are worth reproducing. These were evidently cases of moist eczema:

"On the first of November, 1877, Mr. W. D., of this place, called me to see his two daughters, aged respectively ten and twelve years, whom I found suffering from a moist eruption, covering the scalp and extending downwards over the face and chest. I was told by the mother that, in spite of all she could do, the disease had existed over two years, and the mother, by the way, is a very neat house-

wife. She said she had used all the domestic remedies she could procure, but the disease had now become so bad and the odor so offensive that she was compelled to take them from school. To make the story short, I diagnosed the disease as scrofula and prescribed the following:

“R Fluid extract of berberis; simple syrup, aa, ℥j. Teaspoonful every four hours.

“The first effect was to increase the eruption, but in four weeks from the time they commenced the use of the medicine, the eruption had entirely disappeared, leaving the skin smooth and healthy.

“My next case was that of a young lady whose family had all shown scrofulous symptoms, some of whom had died of the disease. The lady referred to had been troubled with an eruption, confined to the ears and back of the head and neck, of six months’ standing. One eight-ounce bottle of fluid extract of berberis aquifolium, prepared according to the above formula and taken in teaspoonful doses four times a day, effected a cure.”

Such reports as these have been corroborated frequently in my own practice within the past twenty-five years. The influence of the remedy may seem slow at first, but it is liable to finally justify faith in its specific virtues as a remedy for cutaneous affections.

We have learned something more about the specific virtues of berberis aquifolium since the time of Dr. Bundy, however, and this is due to Eclectic enterprise and investigation. In the 1880’s, Dr. T. D. Hall, of this city, cured a desperate case of senile bronchitis, which had been of long standing, and which had become so threatening that several physicians upon consultation had declared that the case was one of pulmonary phthisis, and that there existed no hope of recovery. The cure of the patient was a great surprise to former physicians, who watched its progress with skepticism and ridicule at first, though they afterward became very anxious to learn the remedy which did the business. This was nothing more nor less than berberis aquifolium. The doctor related the particulars of the case to the writer afterward, and it has since proven a very acceptable resort in stubborn cases of chronic bronchitis with much expectoration. While it does not act as promptly as calcarea carb. in such cases, it seems to go further in its action, and influences more profoundly the recuperative vegetative processes in the diseased mucous membrane and other ulcerated structures.

I do not believe we possess a more reliable remedy in chronic coughs affecting the structure of the pulmonary organs than this. Its action is slow, but if persisted in for months it will cure almost anything curable by medicine, when it is a question of chronic inflammation of local character, with tendency to relaxation and breaking down of mucous membrane.

Such experiences led to its use in pharyngeal troubles, not only where there was ulceration, but when the affected mucous membrane was relaxed, blue and chronically congested, with or without catarrhal symptoms. Its influence, in such cases, is permanently toning to the relaxed parts, which gradually resume their normal condition, provided proper auxiliary means are employed, appropriate to the special condition or individuality of the case treated. It will probably be found as good a remedy in relaxed conditions of mucous membrane in other regions of the body. We still can learn something about its adaptation to practice.

An excellent place for the administration of *berberis aquifolium* is in the treatment of the periosteal pains of syphilis. In fact, we possess a great dearth of remedies for this special purpose. *Berberis* fills the place well, especially if it is employed before deposits have become permanent and long established. It seems as though *berberis* will control the deposits of tertiary syphilis if begun early and persisted in, and that tertiary manifestations need never be met if this drug be faithfully administered during the early stages of the disease and continued faithfully for eighteen months or more.

As a general tonic and stomachic we have few remedies which can be compared with this agent. If anything will create an appetite after complications have been removed, this remedy will. It resembles *hydrastis* in its kindly action on the gastric mucous membrane, and *nux* in its power to stimulate digestive activity and create a healthy craving for food. It goes further than this, however, for good digestion follows its use, and assimilation goes forward as a result of its tonic action on the alimentary mucous membrane and associate organs. Of course, these suggestions must be received with due allowance for the condition of the alimentary canal at the time; the condition should be one where a stimulating tonic combined with a soothing effect is required, and where no obstructing condition requiring some other specific remedy is present.

Much has been written commending *berberis aquifolium* as a

remedy for roughness of the face, especially for various forms of acne. I believe those who pin their faith to it in such conditions will be disappointed. Acne is such a stubborn local affection that few remedies can be depended upon to influence it constitutionally. Personally, I have given up the idea of curing acne with other than local remedies. While a harmless affection, it is about as difficult to cure as tuberculosis, if we are to depend upon constitutional remedies.

We have much yet to learn about *berberis aquifolium*. We have not employed it enough to discover all its qualities as a remedy. While it has been before the profession about thirty years, it has received little notice, especially from Eclectics. "Dynamical Therapeutics" was the first Eclectic text-book to mention it, and I believe "Ellingwood's Materia Medica" was the second. If it has ever received any other notice in our standard medical works, I am not aware of the fact. We can not afford to overlook it in our treatment of chronic affections.—*Eclectic Medical Journal*.

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## THE BITES OF INSECTS.

ISADORE DYER, M. D., NEW ORLEANS, LA.

In the ordinary divisions of diseases of the skin one group includes the animal parasitic diseases. In this division are embraced a variety of insects which are truly parasitic upon the human skin, either living in the skin and feeding on contiguous tissue, or else living in the appendages of the skin, the clothing, and feeding on the human blood. This group embraces the *Sarcoptes scabiei*, the *Demodex folliculorum*, the three varieties of *Pediculus*, the sand flea (*Pulex penetrans*), and the *Pulex irritans*, or common flea; the guinea worm, *Cysticercus*, *Echinococcus*; *Leptus autumnalis*, or red-bug, the *Ixodes*, or tick; the *Cimex lectularius*, or bed-bug; the *Culicidæ*, or mosquitoes; *Simulia*, or midges; bees (*Apis mellifera*), and wasps (*Vespidæ*).

Only here and there in the history of dermatology is any reference made to the characteristics of these, and then only in their relation to some other disease. The researches of Nuttall, Manson, Laveran, and the numerous other experimenters with mosquitoes, have shown a direct relation to systemic infection. The domestic fly and the bed-bug have now for some years borne the burden of

accusation in the responsibility for local and general infective conditions. Speculation has arisen at various times regarding the role other insects play in a variety of diseases. These have been overshadowed by the peculiar prominence which has attached to mosquito investigation.

The present paper is briefly directed at calling attention to the local evidences which present in each of the conditions for which insects are responsible; it is intended to attract attention to the early recognition of the lesion, or lesions, which each presents so that they may be recognized when seen.

It is curious but true that no two of the parasites and accidental insects which attack the skin show an identical lesion under these circumstances. Any area of attack may on its own merits be differentiated at a close examination.

We may divide the parasitic enemies of the skin into two general divisions; those which are common to the human skin, and those which are extraneous. In the first group belong scabies, the pediculus, demodex and filaria. In the second group belong all the rest of those enumerated.

Scabies presents a vesicle at the point of its burrow; the pediculi are marked by papules or pustules from infection. The guinea worm forms a tumor which ulcerates.

Now all of the other parasites named above present as the evidence of their presence some sort of a wheal. In some instances the circumscribed edema is caused by the presence of the parasite in the skin itself, viz.: the tick, red-bug, cysticercus, etc. Others occasion the lesion either by their selection of the human skin for feeding purposes, *e. g.*, the flea, bed-bug, the mosquito, or the lesion is the result of a venom infection occasioned by an inimical incision by the proboscis or other instrument of the insect disturbed in its natural pursuits. In this last case we would include the bee, wasp, spider, etc.

A careful study of the clinical evidences of each of the above groups and their individual components would show that even then differences are to be noted.

The *Demodex folliculorum* is actively associated with acne rosacea, and in its occupancy of the orifices and ducts of the fat glands occasions a papule, irregular in size.

*Ixodes*, or wood-ticks (Nat. order *Acarina*) bury their proboscis in the skin and determine a small wheal at the point of en-

trance; the body of the tick grows in size until the tick is thoroughly engorged, when it falls off.

The *Leptus autumnalis* is the familiar "red-bug" of this section; it is a six-legged larva of the species *trombididae*. It finds its sites of selection on the legs, but may travel to the armpits, cruroscrotal region or over any part of the body. The lesion is either a small red papule, or a wheal, hard, rounded, and with the bug in the center. The insect drives its head into the skin and the intense itching resulting occasions the victim to scratch a central hole in the lesion in the endeavor to remove the head of the bug.

*Pulex penetrans*, "sand-flea," "chigoe," "jigger," is found in dry sandy soil in tropical and subtropical countries. The fecundated female burrows into the skin, usually of the feet, between the toes, but the insect may travel to other protected parts of the body. The lesions are vesicles, usually numerous, as the irritation is intense and the resulting scratching may occasion extensive dermatitis or even ulcerative processes.

*Pulex irritans*, or the common flea, friend of the dog, his usual host, or the hog, or the cat. The flea is a bloodsucking breed and bites either in search of food or for protection. The lesion is always small, the size of a half-pea—is a wheal and almost invariably occurs in pairs. No other insect bites twice as does the flea, with the two lesions arranged like dumb-bells.

*Cimex lectularius* is the euphonious name of the common bed-bug, which is only too familiar. It is an accidental parasite on the human skin, sucking blood, or biting for defense. The puncture of the proboscis of the bed-bug carries with it some toxic element which is productive of intense inflammation, locally, and at times resulting in severe constitutional irritation, with fever or severer symptoms. The central puncture, often hemorrhagic, is surrounded by a halo of edema, fantastic in outline, classed as wheal, but varying from a simple reddened area to a gyrate lesion as large as the hand or even larger, with swelling out of all proportion to the evident exciting cause. The itching is intense and excoriations frequently mark the site of the edematous lesions.

Some *Flies* attack the human skin, usually nipping a small papule to the surface. As a rule the edema is not marked.

*Ants* biting the skin create small hemorrhagic papules with a burning sense of irritation rather than the itching associated with a deeper intoxication.

The *Spider* of ordinary varieties biting the skin usually does so with venomous instinct. The central point of the wound is always characterized by a small vesicle, surrounded further by a circle of edema. This circle of edema is as typical of the spider bite as is the central vesicle. At times, on sensitive areas, as the scrotum, a marked edema may additionally develop around the original lesion. This will depend upon the venomicity of the insect.

With such spiders as the tarantula, etc., attacking the exposed parts, and especially the hands, a rapid destructive lesion forms. It is initiated with a vesicle, which increases several times its original size, with a deep-seated edema associated. As soon as the acute evidences of the toxic infection is over, there are lines of definition of destruction and the area of original infection, the blister area, sloughs.

*Bees* bite only when disturbed and with a lancinating puncture, usually appearing as if double cut. The swelling is prompt and protuberant, rounded like a half egg in the skin, the lesion is usually reddened, but may become edematous wholly or in part.

*Wasps* and *Hornets* bite alike. The lesions are almost always on the hands and face and are multiple because these insects are ordinarily encountered near their nests, and there they seldom travel alone. It is unusual to see a single hornet or wasp attack the skin, and if such be so, it is only after continued provocation. The lesions of the wasp's and hornet's bites are small, highly inflamed and with a red center and edematous areola. This last may merge into adjacent lesions, so as to give the impression of a suffused mass of edema with islands of red scattered all over the field.

*Mosquitoes* bite in two ways: If undisturbed the proboscis finds the tip of a papilla of the corium, sucks constantly until surfeited and then flies away; less carelessly the proboscis is driven into the skin without intelligence, it breaks between the papillary prominences, sucks away, draining blood from this area and as a result occasions an edema here.

The first method seldom annoys, while the second occasions intense itching and more readily disturbs the victim of the bite. In the first type of bite it is no unusual thing for a person to fall asleep and after half an hour or so to wake with a spotted face or hand. It is this small hemorrhagic, erectile papule, which dots

the face like an eruption of measles, or rings the wrist or ankle with a double or triple line of red dots. The others are deep-seated, small, wheals, which itch, even recurrently, after the bite has been recorded.

There may be other insects which bite the skin, but as a rule the interest attaching to these is much more personal and individual than general. This paper is aimed at creating a more general observation of these things in order that with information arising from such direction the writer may deal exhaustively with the subject at a later date.

For the present it should serve some purpose to point out the differences in the evidences of the little enemies, that they may be duly recognized when seen.—*New Orleans Medical Journal*.

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## USES OF CERTAIN DRUGS IN CHRONIC DISEASES OF THE INTESTINES.<sup>1</sup>

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The drugs of which I wish to speak, in their relation to chronic diseases of the intestinal tract, are: *Nux vomica*, *hydrastis*, *podophyllin*, *aloes*, and *collinsonia* of the vegetable kingdom, *bichromate of potash*, *corrosive sublimate* and *arsenic* of the mineral.

All are stimulating in their nature when used in the ordinary small dose and their fields of action overlap, so that any one of them may accomplish to a certain degree, that which would be better done by another; and a judicious combination of them may prove more potent than any one used alone, yet each has its individual sphere which must be understood, would we use them scientifically. In granting us this choice of instruments, nature has recognized our ignorance; however, the more knowledge we acquire, the more limited becomes the choice, until, with a perfection of understanding will come to the perfection of use.

Roughly, these drugs may be classified as follows:

*Nux vomica*, the nerve impresser;

*Aloes* and *collinsonia*, the circulatory;

*Podophyllin* and *hydrastis*, the glandular;

*Bichromate of potash*, *arsenic* and *corrosive sublimate*, the tissue irritable.

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<sup>1</sup>Read before the Kentucky Eclectic Medical Association.



Such classifications, however, can do little toward pointing out the proper drug in a given condition, except as they help us view from one more point, the action of our remedy.

*Nux vomica* may be said to be useful where there is general atonicity, with deficient or inco-ordinate motor action; when the tongue is broad, pale and relaxed and the tissues flabby.

*Hydrastis*, where there are chronic catarrhal and congestive conditions of mucous membranes with muscular atonicity and yellow-coated tongue, generally moist and of natural or increased redness.

*Podophyllin*, where there is general atonicity with glandular sluggishness and dry, hard stools, the tongue full, generally pale and coated yellow at the base.

*Aloes*, where there is muscular relaxation and fullness of the pelvic viscera; chronic congestion and relaxation of the rectal tissues with feeling of want of power.

*Collinsonia*, in venous relaxation and fullness with irritable, spasmodic conditions.

*Bichromate of potash*, in ulcerative conditions of the upper bowel with yellow-coated tongue, reddish tissues and secretion of a glutinous material.

*Arsenic*, in relaxed conditions of the mucous membrane, with diarrhea and general bodily weakness.

*Corrosive sublimate*, in ulcerative conditions of the lower bowel with slimy, foul discharges.

*Nux* accomplishes its good through its action on the spinal motor centers, improving the muscular action and relieving spasmodic contractions. It covers the whole intestinal tract, as it does the whole body, remedying diseased conditions when accompanied by a muscular or nerve debility. *Hydrastis* has a similar action on the general system but its local curative action, as a rule, is far superior.

*Hydrastis* is to chronic diseases of the mucous membrane what *aconite* is to the acute. In the proper dosage it excites or diminishes secretory action, relieves congestion, especially the arterial (not the acute congestion of *ipecac*) and apparently displays antiseptic qualities. In its stimulating qualities it resembles, to a marked degree, the *bichromate of potash*, the tongue in both cases being remarkably similar, except possibly a little more moisture and fullness in the *hydrastis* condition. In its power over irritation (chronic arterial congestion) from too frequent use of irritating drinks and feeds, it resembles *arsenic* but is milder in action

although not so readily controlling any accompanying anæmia. Here the arsenic must be used in very small doses. In such cases *nux vomica* may prove useful late in the treatment.

Podophyllin is the glandular remedy, improving secretion if not continued too long. It acts especially on the upper intestinal tract. In its stimulating action on mucous surfaces, and in its place of action it resembles bichromate of potash, although not affecting in a like degree the tissue proper, while the bichromate does not so greatly stimulate the glandular secretions. Podophyllin, to some extent, also affects the lower bowel, here encroaching on the field of corrosive sublimate, although not having its antiseptic qualities. Podophyllin resembles hydrastis in some respects but is more stimulating in its nature. Where podophyllin relieves a diarrhoea from relaxation, hydrastis relieves that from irritation. Often these two drugs may be advantageously combined, especially in cases marked by great sluggishness and fullness of the abdomen, the larger doses of both remedies being used.

Bichromate of potash, the tissue irritant of the upper bowel, has its companion drug in corrosive sublimate for the lower bowel. Both are said to heal ulcerations, although hydrastis should improve the action of the bichromate and collinsonia, and the corrosive sublimate, by their action on the circulation.

Arsenic acts upon the whole tract relieving irritation and imparting tone. In chronic diarrhoea with impoverished blood and general weakness, it at least begins a cure which podophyllin, hydrastis or *nux vomica* may complete.

Aloes and collinsonia occupy a somewhat different field from the other remedies, acting more on the veins. Aloes affects the veins of the whole pelvic content, relieving fullness and relaxation in these parts often shown in the rectum by a feeling of complete loss of muscular power. Its minor effect on the secretions is shown by the excretion of the solids of the blood rather than the fluids. It is best reserved as a muscular stimulant.

Collinsonia differs from it in being more useful in venous congestions where there is pain and spasmodic contractions. It is soothing in its action and is adapted to the less chronic cases. If there are evidences of great relaxation and atony, aloes will act best, at least for a time, when collinsonia may complete a cure. *Nux vomica* acts on the general muscular system somewhat as does aloes locally, and the two are often well combined.

Collinsonia finds its aid in small doses of hydrastis, the one for the veins, the other for the arteries.

These drugs, carefully used, aided by the proper antiseptics, digestants and diet, will generally repay us for our study by effecting a cure in the large majority of chronic intestinal diseases.—*Modern Eclecticism*.

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## THE HYGIENE OF EXERCISE.

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Exercise covers a wide field, as it includes all of our activities. Action means life and inaction death. Everything in nature is marked by change and there is no standing still.

Changes are constantly taking place in our bodies through the breaking down and building up of cell structure. When this process is normal its action results in a condition we call health; but if the normal balance is disturbed, it causes disease.

In order to preserve a state of perfect health it is necessary to take physical exercise daily. Exercise is both a stimulant and tonic and gives health and strength to mind and body; but insufficient or improper exercise tends to produce weakness and disease. Under this natural law of action is taught daily the lesson of the parable: That to him that hath, more shall be given; but from him that hath not shall be taken even the little that he hath. What strength there is must be used or the power to act becomes lost.

Exercise stimulates all of the bodily functions. It increases secretion, favors digestion and promotes sleep. Exercise stimulates the circulation and creates a feeling of warmth throughout the body, not, perhaps, so much from any material increase of temperature, as by causing a freer flow of warm blood from the congested centers to the cold extremities. It increases the action of the heart and lungs and strengthens every other organ of the body. It excites the skin to greater action and causes free perspiration, which not only aids nature in maintaining the normal temperature by evaporation, but at the same time eliminates from the system an increased amount of worn-out and waste matter. The rapid breaking down and removal of dead tissue makes room for new material which is furnished by the digestive and assimilating organs. Exercise and an abstemious diet are the only natural

remedies for obesity and are equally efficacious for reducing abdominal embonpoint.

When all the functions of the body are normally active and healthy there is a good appetite, perfect digestion and sound sleep.

Exercise acts both as a local and general tonic. Every muscle acquires increased size and strength by use. Muscular strength is a desirable acquisition, but if it is carried to an extreme the excess becomes injurious. If pushed too far, as it often is in athletic training, hypertrophy of the muscles ensues, which condition is as much of a disease as its opposite, atrophy. The tendency of modern athletics is to go to extremes and strong men often break down from a too strenuous course of training in an attempt to reach the impossible.

All kinds of manual labor furnish exercise that is superior to any kind of so-called physical culture. Any work becomes tiresome if too long continued. When such is the case a rest should be taken, or the work changed. If one set of muscles becomes overworked and tired a change in work should be made that will rest the tired muscles and a new set brought into action. A healthy body does not tire easily but a hard day's work is enough to tire anybody. There are several kinds of tired feelings that are not all equally good. Any tired feeling that comes from doing nothing, laziness or sickness should be carefully shunned, but a good old-fashioned tired feeling that comes from honest toil is natural and therefore wholesome. After labor comes rest, and sleep should follow rest. It is as impossible to rest without work as it is to relish food without an appetite; but weariness should never be carried to exhaustion.

An outdoor life is the natural life and is essential to good health. Few people at the present day live as they should. Life as a rule is altogether too artificial to be natural. We live within four closed walls, on all kinds of excitement that must sooner or later end in a nervous breakdown. Modern life is too highly civilized and refined for man's highest good. Women suffer even more than men from this cause. There are very few women who can say that they enjoy perfect health. The majority of women complain of not feeling well. No one knows this better than the doctor, as fully three-fourths of the average physician's clientele consists of women patients. Such a one-sided affair should not exist nor was it so in the beginning. Woman was created originally just as

perfect and healthy as man. To claim otherwise would impugn creative wisdom. As proof of such equality originally, it is only necessary to compare the Indian women of our land and the peasant women of the old country to the women of our time, to see how civilized woman with all her boasted superiority has degenerated in health and physical stamina.

The enervating effects of unnatural excitement, irregular hours, lack of proper exercise and the many worse than foolish dissipations which are a part of modern civilized life affect injuriously both sexes, but woman, as usual, suffers most. Perhaps the greatest of these evils is unhygienic dress. Fashion is woman's besetting sin. However foolish or injurious a costume may be, fashion makes it right and there is no appeal. There is no use to talk to women about the evils of dress, as they never take any advice. All they ever ask or want to know is that they are in style, which seems to make them perfectly happy. High-heeled shoes, tight lacing and trailing skirts are only a few of the incongruities and unhygienic features of modern woman's dress. Attempts at dress reform have been made at divers times and places, with only indifferent success. The leaders of fashion, as well as the majority of women, can not be convinced and the few who are wise exert only a limited and transient influence and the evils of dress go on indefinitely.

Men, also, may be said to follow the fashions in dress, but to a more limited extent, as they seldom go to extremes. Imagine any sensible man submitting to the tortures of tight lacing that women endure. The average man would not submit to such punishment for one minute. About the only foolish fashion in dress that can be charged to men is the full-dress suit, plug hat included. It can not be said that this dress is unhygienic and many men even appear well in it, but the dress-suit, nevertheless, makes some men look like monkeys.

Modern civilization is so constructed that it is not convenient nor even possible for everybody to adopt an outdoor life. Many would not choose it even if they could, as they prefer an artificial existence. The tendency is for people to flock to the cities where they can be in a crowd and have excitement, rather than live in the bright sunshine and pure air of God's free out-of-doors. To the sedentary worker, practicing modern gymnastics or physical culture indoors is better than no exercise, but it is much inferior to exercising in the open air. What is needed more than anything

else is that men and women should live a natural life and go back to the soil.

One of the very best methods of exercise, and something that is available for everybody, is walking. It more fully exercises all the muscles of the body than any other one thing. Horseback riding is another excellent means for getting up action. The different kinds of manual labor furnish diversified exercise for those who are willing to work. Nothing is better than working in the field or garden, digging in the soil with hoe or shovel, as well as doing any other kind of out-door work. Such exercise has a double value in it, that it is both remunerative and healthful, which is more than can always be said of gymnastics and physical culture that cost money and are of doubtful benefit.

"It is better to wear out than to rust out," is a familiar saying, but it is folly to do either. To rust out is to be an idle observer only of events as they pass by. To wear out is to disregard nature's laws and the appeal of common sense; and to permanently overtax the strength is to exhaust the vital force. You do not have to live in a hotel, neither is it necessary to go to the opposite extreme and live under a tree. Just be natural and work at something, even if it is only a fad. Find a way to get exercise out-of-doors. Do not get lazy under the name of being tired. Learn to do for yourself and not always for other people. Nature's methods are always true and the natural outdoor life is the very best aid that can be added to man's efforts. No finer specimens of physical development exist anywhere than are found among the native Indian tribes of the Southwest. These men are large, well proportioned, muscular and sinewy. An Apache can beat a deer in a foot race by combining speed with endurance. He is inured to hardship from infancy and when necessary can endure sustained effort on less food and water than can the pampered white man. In the final campaign against the Apaches, which lasted several years, it was only after a most strenuous effort made by a well trained and seasoned soldiery that the Indians were finally captured and conquered.

The Moqui, like the Apache, is also able to endure great physical stress, but he is an entirely different type of Indian. The Apache is nomadic, moving from place to place with no fixed abode, while the Moqui is a pueblo and has a home and fixed habitation. The Moqui lives on a high, rocky mesa and has to travel far afield to

his work. He always travels on foot and goes from ten to forty miles to his daily task.

Of all the many festivals which the Moquis celebrate during the year, the corn race, that occurs on the morning of the day of the snake dance, is of signal importance. It is a test of physical strength, speed and endurance of their best men. The rendezvous is at a spring in a cornfield ten miles out from the mesa. While the men "score for position" the inhabitants of the pueblo gather on the cliff, that faces the race course, to witness the race. At a signal, the men start off in a bunch, but soon string out in a long line, as some forge ahead in the lead and others drop to the rear. The track is over a rough, irregular trail that ends at a goal on the mesa. The runners are all stripped to the buff except a gee string, which gives them free scope for sprinting. As they reach the goal, one after the other in quick succession, they show the effects of their exertion. They are dripping with perspiration, pant like grayhounds and their hearts beat violently against thoracic walls with an audible and visible thump. What fine physiques and what powerful muscles, hearts and lungs these splendid fellows have! There is no "gate money," but the winner of the race receives from the hand of the priest stationed at the goal, a small package of sacred meal as his only reward. He prizes this token of merit above everything else, and immediately returns over the course he has run, to his farm, where he scatters the meal over the land to bless it and make it more fruitful.

The Moquis are slow to adopt innovations on any of their ancestral customs, but are being slowly forced into the white man's way, which change, it is sad to say, is not always to the advantage of the Indian. In 1901 I witnessed the race at Walpi where thirty-seven men participated in the race. They were a picked lot of men and the race was an inspiring sight. Out of the whole number only two had been pupils of the Keams Canon school, but these were outclassed from the start and were last to reach the goal. It illustrates how the Indian is affected by civilization and the white man's tutelage. He is despoiled of his native strength and skill and receives no adequate benefit in return. Indeed, it is claimed by those who know best that the Indian child that attends school is spoiled as an Indian and is often made to be of no account.—*The Los Angeles Journal of Eclectic Medicine.*

## THE DISEASES OF THE CERVICAL CANAL AND THEIR TREATMENT.

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By far the most common and serious injury to the uterus is the laceration of the cervix which occurs during childbirth. Such a laceration may vary greatly in extent, but as a general rule if it gives rise to arterial hemorrhage it should be repaired immediately with sutures, just as a tear of the perineum should, or else sub-involution will follow with chronic inflammation, menorrhagia or metrorrhagia, with leucorrhœa, and finally, after much suffering a profound anæmia. Under some circumstances it might be allowable to use a tightly packed tampon held in place by a bandage. Tears which do not bleed may be treated with hot antiseptic vaginal injections or by applications of some astringent, *e. g.*, a silver salt such as argentol or picratol. An old tear, when its surface has been denuded by scraping or galvano cautery, will heal under similar treatment. Large lateral tears, however, require a trachelorrhaphy. I shall not go into the details of this operation, which can be found in any work on gynecology. The name "neck sewing" sufficiently describes it for our purpose. The amenorrhœa and dysmenorrhea of elderly womanhood are frequently met with by almost every practitioner. When due to obstruction, rarely that of a resistant hymen, generally to closure of the cervical canal, there is a severe attack of pain once a month with an enlarged uterus and sharp spasmodic pains with more or less relief when blood is expelled. I have known the pain and nervous excitement so great that the patient was utterly unable to exercise self control. Exploration with the speculum and sound will show whether we have congenital malformation with obstruction at the external, or an ante flexion when the mischief will occur at the internal os. In the former case a puncture should be made through the cervix with a trocar, the opening being afterward enlarged with the knife, though I always use the negative pole of the galvanic battery, a hollow glass stem being inserted to keep the passage open and promote drainage—in the latter case always the same current. Binocide of manganese, apiol, fresh cotton-root bark, aloes and iron may be given for amenorrhœa, viburnum prunifolium, piscidia erythrina, and pulsatilla for dysmenorrhœa. It is possible to have an acquired



atresia from adhesions after childbirth or abortion, cauterization with acids or silver nitrate. It may follow ulceration of the cervix, diphtheria, smallpox, or scarlet fever, and is found in old women with prolapsed uterus.

A stenosis or narrowing of the cervical canal is much more common, but whatever may be its cause, I never dilate, but always use the negative pole of the galvanic battery to restore the channel to its normal caliber.

Endometritis, though theory says it may be confined to the body of the uterus without involving the cervical canal—as far as my experience goes, always affects the canal and may be found either with or without ulceration. If a sound is inserted into the canal and on its withdrawal either blood should flow or the sound should be bloody, then we have an ulceration, which is best treated by applications on absorbent cotton, wrapped round the end of a dressing forceps, or the sound itself, of fluid extract sanguinaria to destroy the diseased surface and immediately after either fluid extract hydrastis or geranium to restore it to its normal condition. A vaginal douche of three quarts of water at 110° F. should be given daily and into the last pint about an ounce of the following lotion should be poured:

℞ Zinc sulphate.....5j.  
Berberin muriate.....3ss.  
Water, q. s. ad.....pint.

or one-half a vaginal suppository of the formula given in the appendix of Fyfe's materia medica should be inserted every night.

Boroglyceride .....gr. 75.  
Glyceride of calendula.....gr. 10.  
Thymoline .....min. 40.  
Zinc sulphocarbonate.....gr. ½.  
Gelatin q. s.

followed by a hot douche in the morning.

Cases of stenosis and ulceration comprise, I should think, nine-tenths of the diseases of the cervical canal which come into the practitioner's hands, so that it is extremely necessary that he should know exactly what is needed to cure such conditions.

Cancerous growths of several kinds may implicate the cervix. They are all amenable to treatment, either by excision by the galvano-cautery snare or by the application of the X-ray by means of special tubes which allow the rays to fall on any part desired and screen off all other parts of the body.—*The Eclectic Review*.

COUGH.<sup>1</sup>

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It is conceded by the medical profession that cough is in response to some irritation of the pharyngeal, laryngeal or bronchial mucous membrane, whether that irritation be due to the lodgement of some foreign body, the result of an inflammatory process or transmitted through the agency of the sympathetic nervous system from some remote part. From this we must conclude that cough in itself is not a disease, is only a symptom and is sometimes salutary in its effects. But from the fact that cough always points to some abnormal condition and its persistence will result in disease of the respiratory organs, it is of the utmost importance to look for its source and if possible remove it. Among the common afflictions for which the physician is consulted, there are probably none that he feels more his inability to benefit or that his efforts to benefit are more unsatisfactory to himself and his patient than cough.

This is probably largely due to the fact that most physicians have a number of ready-made, cut and dried, hand-me-down recipes for cough mixtures, which they prescribe indiscriminately without making the necessary investigation to determine the cause. There is probably some period in every physician's professional life that he is over-worked, and as a result the tendency to force into the habit of making hurried, not to say slipshod examinations and jumping at conclusions is very great. This, if persisted in, can only bring ignominious failure and chagrin in the management of ailments and especially so in cough.

So when a patient applies for relief from a cough it is our duty to institute a thorough examination before making any suggestions as to remedies. If the cough has persisted for a considerable time, the patient's family history should be closely inquired into. As to the patient the condition of his digestion and assimilation should be investigated—has he rapidly lost weight and strength. A thorough examination of the lungs and heart should be made, though a trivial wrong with the lungs is not necessarily the cause of the cough, but may be the result. A mitral insufficiency or aneurism of the arch of the aorta may be responsible for a cough that the ordinary cough mixtures would not relieve. The pharynx

<sup>1</sup>Read before the Missouri Eclectic Medical Society, St. Louis, May 22, 1906.

and larynx should be carefully examined—a foreign body, enlarged tonsils, elongated uvula or congestion resulting from catarrhal affections may provoke a distressing cough. The nasal passages should not be overlooked—a deflected septum, hypertrophied turbinates or polypi, may, through nervous communication be the source of cough. Middle ear troubles through irritation of Jacobson's nerve, frequently produces troublesome cough. Gastro-intestinal troubles frequently cause cough—who has not heard of worm cough? One of the most troublesome cases of cough I have had to treat was the result of an ovarian irritation. Macrotys and pulsatilla relieved the ovarian trouble and cured the cough. Then another reflex source of cough—but enough has been said to indicate the importance of carefully examining a patient who applies for treatment for cough. The character of the cough as an index to its origin should be carefully studied though taken alone can not be implicitly relied upon. The short, suppressed cough, attended with pain in the lungs and fever, would almost certainly point to inflammation of the substance of the lung—pneumonia. The deep, spasmodic, rasping cough attended with sensation of rawness, expectoration scanty and glairy, points with reasonable certainty to acute inflammation of the bronchial mucous membrane. However, this spasmodic, hard cough attends laryngitis or the lodgement of foreign bodies in the larynx or pharynx, elongated uvula, whooping-cough, etc. Capillary bronchitis in children may sometimes be easily mistaken for whooping-cough—we frequently observe the characteristic whoop. Aneurism of the aorta is also attended with the deep, forceful cough. The history of the case and other symptoms should serve to make the diagnosis clear. The deep, feeble and loose cough, attended with free expectoration, is usually present in the advanced stages of lung disease, as pulmonary tuberculosis, pulmonary abscess, or, in some cases, in the latter stages of pneumonia, also the bronchorrhœa following the acute attacks on those suffering from chronic bronchitis. The wheezing, asthmatic cough is due to congestion of the bronchial mucous membranes and may proceed from a mitral insufficiency. The short, hacking cough indicates either a disease of the top of the lungs, some slight throat irritation or is transmitted through sympathetic agency from some remote part. From the foregoing it seems clear that cough remedies are as varied as the causes that produce cough. The practice of indiscriminately pre-

(Continued on page 504.)

# CURRENT ECLECTIC MEDICAL LITERATURE.

## The Eclectic Medical Journal.

Vol. LXVI, No. 9. September, 1906.

1. Scopolamine and Hyoscyne, - - - - - JOHN URI LLOYD and  
W. N. MUNDY
2. Specific Medication and Specific Treatment, - - - WILLIAM P. BEST.
3. Local Tuberculosis, - - - - - W. B. CHURCH.
4. Puerperal Infection, - - - - - MOODY M. HARVILL.
5. Liquid Medicines vs. Alkaloids—From the Standpoint  
of an Outsider, - - - - - J. M. FRENCH.
6. Berberis Aquifolium, - - - - - HERBERT T. WEBSTER.
7. A Case in Practice, - - - - - F. M. BEALS.

1. Prof. Lloyd's and Dr. Mundy's joint paper will be reprinted in a future issue of the GLEANER.

2. Dr. Best concludes his papers on specific medication and specific treatment, showing that by the latter is not meant the former in the usually accepted sense, but is a necessity in arriving at successful results. Thus a patient may present all the symptomatic indications for pulsatilla, but examination reveals a prolapsus uteri, a retroversion or an anteversion. The correction of these constitutes specific treatment. Of such cases, of which a number of similar examples are given, he says:

"We must ever look ahead; we must keep an eye to the welfare of our patient from every point. We must not satisfy ourselves with the simple reading of the indications for drugs. Drugs, of ever so great value, can not relieve this patient until you relieve the congestion of the ovaries by taking off the mechanical pressure, by straightening the acutely bent blood vessels supplying these organs. Pain and reflex neurotic conditions will have relief when the proper means are applied after overcoming the malposition of the part. It is not at all uncommon to find a patient obstinately constipated, who has run the full list of laxative and cathartic medicines from the hands of the careless prescriber and proprietary products. Make a specific diagnosis of this case. Has your patient an abnormally tight sphincter, due to some rectal irritation? Have you a patient suffering from hemorrhoids, fissure of the rectum, or an enlarged prostate, that makes defecation painful or difficult? Has your lady patient rectal disease, or a mechanical obstruction due to a retroverted uterus? Has she a

lacerated perineum that permits a rectocele to pouch forward, encouraging the condition you are asked to relieve? It is very easy to see how any well-directed medication may be inefficient should the prescriber be so short-sighted as to undertake to meet such a case with only a recognition of the effect, allowing the cause to escape his notice."

3. Dr. Church continues his article on local tuberculosis, in which he says:

"It was not until the true nature and cause of the disease was announced by Koch that all these questions [referred to in former installment] were cleared up. Bacteriologists found the puriform fluid filling a cold abscess, although resembling pus in appearance, was not true pus, but the debris of tubercular processes, produced by softening and liquefaction of tubercle, and containing dead leucocytes and germs. That it proves a good soil for germ culture, and is, consequently, especially prone to septic infection. Such infection was a necessary incident, when opened without aseptic precaution. It also soon followed spontaneous opening, because no attempt at antiseptic dressing was made. Herein lies the real secret of the successful treatment of local tuberculosis. Spontaneous opening should always be anticipated by early opening with the knife, as extensive disfiguring scars may be prevented, and especially because measures can be taken to prevent infection. The opening should, when possible, be made without connecting the abscess with a cavity which can not be made sterile. For instance, a retropharyngeal abscess, produced from tuberculous caries of the cervical vertebra, should not be lanced through the posterior pharyngeal wall, because the mouth and post-nasal space can not be completely disinfected. Such an abscess can easily be reached by dissecting through the tissues on the side of the neck. It is usually easy to decide on which side it comes nearest the surface. After freely opening, remove content with a dull curette, pack cavity loosely with iodoform gauze, and place an ample gauze dressing, with as strict asepsis in every detail as you would after a laparotomy. This first dressing may be left four or five days. Redressing is then made, with equal care to avoid infection. If the cavity is large, some strands of catgut may be utilized for drainage, but ordinarily no drainage will be required. The second dressing may be left undisturbed for a week, when it will be found that closure and cure have been obtained, without pain, fever, or morbid symptom of any kind from first to last. This method is applicable to any abscess so situated that infection can be prevented. How often, oh, how often, in the days that have gone by, have psoas abscesses been opened without antiseptic precautions, or perhaps spontaneously, and nothing done to prevent infection. Many times, indeed, is infection invited by poultices, the result being in striking contrast to that just considered—absorption, pyemia, with attendant chills, fever, sweating, emaciation, and often serious deformity or death."

4. Dr. Harvill refers to the conflicting opinions concerning the nature of puerperal infection, and believes that the treatment should be preventative if possible. He covers the history and symptoms of the disease fully. He would attend strictly to hygienic measures with Epsom's salts to remove morbid material, and enjoin a vegetable and raw fruit diet. In case the disease becomes established he would treat it as follows:

"Curettage is usually indicated if there be putrefaction of remains of the secundines, but under no other circumstances. I am positive that Eclectic treatment reduces greatly the per cent of surgical cases, hence I shall proceed to the curative treatment and leave the surgery for the surgeons. The treatment of puerperal sepsis is local and constitutional. The local treatment consists of douches, baths, etc. Douches of a solution of equal parts of carbolic acid and glycerine, a teaspoonful to the quart of warm water, once daily, is about all that is required to counteract the bad smelling odor of the lochial discharge and for the purpose of a local disinfectant. Warm or hot sponge baths once or twice in every twenty-four hours are positively indicated for the purpose of general cleanliness and to insure a free and natural action from the skin. The constitutional treatment consists of such remedial agents as sedatives, stimulants, antiseptics, etc. Among the sedatives, we would rely on aconite for the small, frequent pulse, veratrum for the full, bounding pulse, and jaborandi in sthenic conditions, where there is acute suppression of secretions of the skin, with distress, sharp, hard pulse, dry skin, dry mucous membranes, and dark colored urine with high specific gravity. With the above indications, jaborandi is one of the very best remedies in puerperal sepsis, and I believe in the mild, acute stage, jaborandi alone will abort many cases. Jaborandi is positively contra-indicated in asthenic conditions. If the fever shows a high degree of nervous tension, the eyes bright and pupils contracted, we would give gelsemium in good sized doses, with absolute certainty of giving relief and abating the fever. If the patient shows a restless turning about, with elongated and pointed tongue, papillæ upon the tip and edges, rhus tox. will become the remedy. One of our very best remedies is belladonna. Its specific and invariable influence is to overcome or antagonize congestion. The specific indications for belladonna are dull eyes, dilated pupils, inclined to sleep with eyes partially open, and capillary stasis with cold extremities. In prolonged cases, where sthenic conditions with continuous high temperature, rapid, feeble and easily compressed pulse, digitalis is a safe and reliable remedy. As an antiseptic remedy in puerperal sepsis, the medical profession is hardly looking for a more satisfactory and successful remedy than *echinacea angustifolia*. We find it well indicated in all septic or zymotic conditions, if we have the full, dirty or dark-brown coat upon the tongue. Given in ten to twenty drops every two or three hours, it begins at once the

destruction of the pernicious germs of puerperal sepsis. We can not close this paper without mentioning our sulphurous acid and sulphite of soda. You know the indications for their use, and the pleasing results they have given you. Use them in puerperal septicemia with the same indications as you would elsewhere and you can not be disappointed."

5. Dr. French takes issue with the expressed views of Dr. Pitts Edwin Howes, published in various journals, on liquid medicines vs. alkaloids. Though a regular physician, Dr. French is a strong specific medicationist. He writes:

"I can not believe that Eclecticism consists in the use of a particular form, or even a particular class, of remedies. I understand it to consist in the principle by which the remedies are selected and applied to the case in hand. This is a safe and sure foundation. Building on this, the Eclectic school has accomplished a great work, not only within the bounds of their own school, but in leavening the entire medical profession."

6. Dr. Webster's paper on *Berberis aquifolium* is a valuable contribution, and we reproduce it in this issue of the GLEANER. In reply to a statement near the conclusion of his paper, in which he says that he, in *Dynamical Therapeutics*, was the first to mention it in a text-book and Prof. Ellingwood the next, we would state that *Berberis aquifolium* was noticed fully by Lloyd and King in 1880 in the Supplement to the American Dispensatory (pp. 43, 44, 45), nearly two pages being devoted to the subject. Particular mention is made of its reputed virtues as an alterative and tonic, in syphilitic affections, salt-rheum, pityriasis, psoriasis, and other cutaneous affections, as well as in maladies due to some mal-condition of the blood. As a tonic it was recommended to be employed like *hydrastis*, *columbo*, *berberis*, etc., in dyspeptic conditions, chronic mucous maladies, and in certain enfeebled conditions of the system.

7. Dr. Beals reports at length the case of a man of thirty-one years, who through faulty bowel action began to assume pronounced symptoms of tuberculosis. Examination was said to have revealed tubercle bacilli. Patient had diarrhoea day and night, and was advised to go to New Mexico for relief. Dr. B. diagnosed the trouble as one due to rectal trouble. He was cured by the following:

"The following prescriptions were given him from first to last:  
R Syrup of lacto-phosphate of calcium, ℥iv; Fowler's solution, 3j; nux

vomica, gtt. vj. M. Dose, half teaspoon every three hours. R. Sulphur tablets, grs. v. Dose, one every three hours. R. Specific Dioscorea, 3j; specific collinsonia, 3ss; glycerine, ʒiv. M. S. Dose, one-half teaspoon every three hours. These were given in rotation, so that he would be taking a dose every hour until there was much improvement, then they were given every third hour until patient was discharged. The following ointment was applied to the rectum night and morning (by patient): R. Stramonium ointment, ʒij; salicylic acid, grs. x; cocaine hydrochlorate, grs. ss. Mix. The anus was dilated first with a rectal bougie then ointment was applied once a week with Allingham's ointment applicator (by me)."

## Vol. LXVI, No. 10. October, 1906.

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| 1. Fractures at the Elbow, - - - - -                   | W. B. CHURCH.        |
| 2. The Importance of Autopsies, - - - - -              | JOHN FEARN.          |
| 3. Medical Miscellany, - - - - -                       | T. WILLIS MILES.     |
| 4. Varicocele, - - - - -                               | CHARLES M. L. WOLF.  |
| 5. Fourth of July Wounds, - - - - -                    | S. O. BARWICK.       |
| 6. An Important Compound for the Heart, - - -          | JOHN ALBERT BURNETT. |
| 7. General Causes of Diseases of Women, - - -          | A. F. GREEN.         |
| 8. Acute Catarrhal Bronchitis, - - - - -               | A. L. SWARTZWELDER.  |
| 9. Non-Malignant Diseases of Breasts in Women, -       | E. BRINKERHOFF.      |
| 10. Rectal Irrigation in Entero-Colitis of Children, - | CLARENCE G. CLARK.   |
| 11. Intra-Uterine Medication, - - - - -                | C. WOODWARD.         |
| 12. Leprosy, - - - - -                                 | FLOYD CLENDENEN.     |
| 13. Facts, - - - - -                                   | W. H. RUSSELL.       |

1. Dr. Church's paper treats of the modern and best methods of dealing with fractures at the elbow. He believes that when properly adjusted by one who observes every anatomical feature of the case there need be no marked deformity. He writes:

"In the first place, permit me to repeat myself by again stating that incomplete adjustment is almost solely responsible for unfortunate results, and that defective immobilization, dyscrasias, and meddlesome interference of patient with the dressing, are too often lugged in to screen the incompetence of the adjuster."

When the adjustment is close and proper there will be but little provisional callus thrown out. He would discard all splints in treating fractures at the elbow. There is no splint on the market, he declares, that is so constructed as to be of any value where there is lateral deviation of the fragments. This article contains many valuable suggestions, both as to the recognition of fracture and the treatment. He covers in this paper fractures of the condyles and fractures of the olecranon. Of diagnosis and adjustment he writes:

"Confronted with a disabled elbow, our first duty is to determine the nature and extent of the disabling injury. Less than a minute is



ample time to settle the question of fracture. With one hand grasp the wrist, extend forearm, and apply the other hand to the elbow, then try to produce lateral deviation. It is a hinge joint, permitting two motions, and two only, flexion and extension. If now you are able to add to these lateral deviation, you have a fracture. You will be able to demonstrate this so plainly as to silence all doubting friends or relatives. If it is a fractured condyle, you immediately determine which one by noticing which one is displaced by the lateral motion; besides, crepitus is readily elicited. If fracture of the olecranon, separation of the fragments will be apparent, produced by contraction of the triceps; besides, over-extension can be produced. If upper end of radius, it fails to participate in induced rotation. For further accurate diagnosis, and especially for securing accurate coaptation, the bony landmarks will now be carefully investigated; see if the condyles are in the same horizontal plane, if the width of humerus through them is normal; note position of olecranon while flexing and extending arm; see if head of radius can be rotated; measure length of humerus, comparing in all these particulars with sound arm. Test your adjustment especially by determining if the relative position of the bony prominences is normal, if the head of the radius lies immediately beneath the external condyle. A good test is presence or absence of pain. The necessity of an anodyne, after the bone has been set, is an indication of incomplete adjustment; the converse of this proposition does not always hold true, for wide separation may not be accompanied with pain. Especial emphasis must again be given to the importance of accurate adjustment, always remembering that ankylosis, and all other unpleasant sequelæ due to callus formation, arise from failure to coapt the fragments. Very slight amount of callus attends cranial fractures, because when adjusted no gaps are left to fill, and in all fractures, the more intimately the fragments are apposed, the more limited will be the deposition of provisional callus. To attempt to obviate the consequences of careless and bungling adjustment, by early resort to passive motion, is the poorest kind of bone surgery. If there is real limitation of motion in a joint that will not yield left to time, passive motion will not help it. Ankylosis has been too much a bugbear. At least it needs to be made plain that it is due to excess of callus, and that excess of callus is due to failure to secure approximation of fractured surfaces. It is not a constant menace only to be avoided by early resort to passive motion."

2. Dr. Fearn cites interesting cases showing the importance of autopsy in establishing cause of death. 1. A woman, who with the exception of hyperacidity, showed none of the classic symptoms of gastric ulcer, which proved to be the chief cause of death. 2. Woman, 70, suffered from repeated attacks of cholangitis and cholecystitis, would have nothing done except for relief at at-

tacks. Autopsy revealed sound organs, but gall bladder so packed with liths that the organ was beginning to decay from pressure. Operation would have saved her. 3. A woman, about 50, with varying unfavorable symptoms; medicines gave temporary relief; showed evidence of repeated attacks of myocarditis and pericarditis, of which she finally died. Autopsy revealed extensive adhesion of pericardium to heart; inflammation had extended to the left pleura, and pathologic changes had occurred in the left chest. The gall-bladder was literally crowded with gall-stones. The autopsies gave the satisfaction of knowing that only palliative treatment could be given the first and last case, but the second might have been relieved of much suffering and possibly cured by operation.

3. Dr. Miles gives some experience with remedies and makes a point of careful diagnosis illustrating by relating the case of a woman in whom symptoms were so elusive that many abdominal troubles might have been diagnosed from them. Stripping the patient, and aided by her emaciation, he became satisfied that a floating kidney was producing the erratic pain. Treatment directed therefor immediately gave relief. Dr. Miles finds oil solution of adrenergic (1 to 1,000) used by atomization after cleansing the nose with an alkaline or saline solution the best remedy for hay fever. A cancerous-appearing growth upon the nose in a woman with family history of cancer was cured by X-Ray treatment by him. Of two important remedies, he writes:

"Macrotys is a remedy that is not as highly appreciated as it deserves to be. Soreness and stiffness of the muscles always call for macrotys in capital letters. In lumbago, specific macrotys in two-drop doses every hour, with plenty of water—at least a glassful every half hour—usually acts like magic. I recently had a case of pharyngitis with dysphagia, that failed to improve under phytolacca and echafolta. My attention was called to a slight aching in the back and in the region of the ovaries. I gave her macrotys, two drachms added to four ounces of water; dose, a teaspoonful of the mixture every two hours. Improvement began right away, and in twenty-four hours her throat was well.

"Another old remedy that we are frequently inclined to overlook is iodide of potassium. In a great many chronic cases, where the tongue is of a leaden, bluish color, usually thick and flabby, you will find the iodide of potassium to be the key to the situation. I know that there are a great many physicians who have 'syphilomania.' In every sore, eruption, stiffness, paralysis, or even in organic heart disease, they see a syphilitic. And to them syphilis means iodide of potassium, and from the fact that a great majority of these cases do

improve under the treatment, they are confirmed in their diagnosis. They seem to forget that potassium iodide relieves many conditions that are not of syphilitic origin. Iodide of potassium is one of our greatest glandular stimulants. It favors retrograde metamorphosis and elimination, hence its wide range of use in chronic ailments. I usually prescribe it in a saturated solution—one drop of the solution representing one grain of the drug. If the dose of the solution is taken in a teaspoonful of elixir lacto peptin or of liquor diastosis, and followed by a glass of water, it will not disagree with the stomach."

4. Dr. Wolf treats fully of the etiology, morbid anatomy, symptoms, and surgical treatment of varicocele. The operation consists in the removal of a portion of the pampiniform plexus, under strict aseptic and antiseptic conditions, using chromicised gut for ligatures and gauze for brief drainage (12 hours).

5. Dr. Barwick would keep all Fourth of July wounds *moist sores* until all foreign material, including burned and broken-down tissue had been eliminated. He would first apply hydrogen peroxide, then mercuric chloride as a cleansing agent. Bismuth formic iodide (his preference), or asepsin, or gaultherine should then be applied preferably with boiled vaseline on gauze to prevent drying. A layer of cotton saturated with solution of Seiler's antiseptic tablet, or of asepsin or gaultherine is then applied. Other choice remedies to be used with boiled vaseline, after the parts are free from morbid material, are vitogen and thymiodol. Avoid letting the wounds become dry, but keep to moist, stimulating dressings.

6. Dr. Burnett favors compounds when the single remedies are inadequate, and avers that physicians of all schools have favorite compounds which nothing can replace. He believes many die in pneumonia either because of heart failure or of the big doses of digitalis given to overcome the latter. The following, which he believes to be original with him, is offered as a heart compound: R. Specific cactus, 3v; specific myrica, 3iij; specific hydrastis, 3ij; tincture of capsicum, 3x. Mix. Sig. Dose, 10 to 20 drops every 3, 4, or 6 hours, as needed.

7. Dr. Green's paper is an excellent syllabus of causes of female disorders grouped under four heads: I. Defective or perverted cell-differentiation and nutrition; II. Presence and influence of disease-producing germs; III. Traumatism; IV. Displacements. These are considered *seriatim*, forming a chapter of facts compressed into a small compass.

8. The paper on acute catarrhal bronchitis, by Dr. Swartzwelder, exhibits a good method of examining the sick child, and covers well the symptoms and pathology of this form of bronchitis. The treatment he advises is as follows:

"First, attention should be given to the surroundings of the patient, having it placed in a light sun-penetrating room; lowered window and open fireplace; plenty of warm covering, and a temperature of 70° to 72° Fah. All vessels disinfected with chloride of lime or formaldehyde. Keep patient perfectly quiet, avoiding all excitement till recovery. Food, liquid or semi-solid till fever abates, and given every two to three hours, as to severity of case. Medication: Small doses at frequent intervals of the indicated medicine. Aconite, small, frequent pulse, combined with gelsemium if there are nervous symptoms, accompanied with flushed face and bright eyes. Veratrum, full, bounding pulse. Bryonia, if there are chest pains, crying, or expressions of facial distress. Lobelia may be needed to relieve oppressed breathing and tightness of chest. Belladonna, if symptoms of dullness, dilated pupils, or cynosis. Sticta, pains between shoulders, extending to back of head. Ipecac, if there is spread of disease to lung tissue. Antiseptics, if there are typhoidal symptoms. Locally, emetic powder, mustard paste, five to ten minutes every two or three hours, or libradol; but above all things, keep chest covered well with cotton batting. Don't rely wholly on sedatives, but use baths every two to three hours, as case requires, to hold down fever. Keep bowels regular with castor oil as needed. Carefully watch your case till all fever disappears and no abnormal chest sounds. Support the weakened vitality of child with hypophosphites, quinine, iron, strychnia, etc., to avoid relapses or decline into tuberculosis."

9. Dr. Brinkerhoff reviews the anatomy of the mammary glands, and touches upon the pathology of some non-malignant conditions of the breasts. He believes many of the future breast ailments begin in the inflammatory condition often found in the breasts of the child shortly after birth. The pathologic changes induced lay dormant until puberty, pregnancy, or motherhood, and then give rise to trouble. Of nursing the baby, he says:

"Do not, under any circumstances, allow the babe to nurse from an inflamed or diseased breast, but the milk should be removed by means of a breast-pump or a puppy; have heard of resorting to a young lamb. Under no conditions should the breast be squeezed or handled roughly. Mammary abscesses often arise from cracked or fissured nipples, by the mother refusing to let the child nurse on account of pain, or sometimes the child refuses to nurse; the mother may neglect to let the babe nurse by being away from child too long at a time, by dampness, by injury, by fever from retained placenta, or by

infection. It is the physician's duty to prepare the breast and nipple that they may perform their offices, especially in the primiparæ. Do not use astringent lotions to the nipple, as a great many recommend, as tannin, sugar of lead, bichlorides, alcohol, or anything that has a tendency to harden the nipple and remove the epithelium. Rather, apply something that will keep the nipple soft and yielding. I find nothing better than occasionally bathing the breast and nipple with boracic acid solution, and apply pure mecca oil to the nipple. If the breasts should become too pendulous before confinement, all pressure should be removed and a support worn, thus removing the tension on the tissue and milk tubes."

Dr. Brinkerhoff also describes the symptoms of acute mastitis, which affection he treats after the usual method of specific medication, viz:

"*Phytolacca* for enlarged breast, soreness in axilla and groin; *pulsatilla*, nervousness and despondency; *macrotys*, soreness of muscles and womb; *aconite*, small, frequent pulse; *veratrum*, full, bounding, frequent pulse. We may think of *gelsemium*, *echinacea*, *baptisia*, acetate of potassium, sulphite of soda, and so on down the list."

Laxatives and vaginal douches of permanganate or chlorate of potash, or bichloride of mercury are used also. Before pus forms he says:

"Externally to the breast, in acute stage,—that is, before pus has formed,—I have found nothing better than Professor King's formula: R—Liniment. Oil of cajeput, oil of sassafras, oil of olive, spirits of camphor,  $\mathfrak{ss}$  ounce  $\mathfrak{ss}$ . Apply this to breast every three hours, after which apply the following ointment, spread on muslin cloth large enough to cover the breast, with hole for nipple: Castile soap, striped,  $\mathfrak{vj}$ ; fresh lard,  $\mathfrak{ijv}$ ; yellow beeswax,  $\mathfrak{ij}$ . Finely cut or shave the soap and wax, add to it the lard, and melt by means of moderate heat, and when thoroughly melted, remove from fire, and when nearly cold add: Jamaica spirits,  $\mathfrak{ij}$ ; camphor,  $\mathfrak{ij}$ . Continue stirring until cool. Change this every three hours, first applying the liniment, then ointment as warm as the patient can bear. For the cracked nipple I would bathe in boracic acid or asepsin solution, and apply *echafolta*  $\mathfrak{3j}$  to water  $\mathfrak{ij}$ , cotton saturated and in contact with nipple. If this should cause too much pain, I would use the mecca oil, and support the breast with a bandage. I have used the above treatment for the past fifteen years, and have never been disappointed, when used before suppuration has taken place."

If pus forms the abscess should be opened in the direction of the milk ducts, under antiseptic precautions and *anæsthesia* each pus-sac should be washed out with asepsin or boracic acid

solution followed by Echafolta, ℥j; water, ℥iv, and covered with a cotton compress saturated with the latter. Tumors considered are chronic mammary tumors, cystic tumor, and tubercular affections of the lymphatics.

10. Dr. Clark relates a case, illustrative of many in which malnutrition with diarrhoea obtains in bottle-fed infants. In these cases he stops the feeding of milk, feeds them on barley water and albumen water, and washes out the colon thrice daily through a catheter with a two-quart solution of glycothymoline 1 part, water 10 parts. In cases showing gastric irritation he used internally: R. Glycothymoline, ℥ss; liquor bismuth, ℥j; aqua, q. s. ℥ij. Mix. Sig. One teaspoonful every two or three hours. This treatment is indicated, he writes, in nearly all cases of gastro-enteritis, enterocolitis, and enteritis, so common in artificially fed infants.

11 Dr. Woodward reports a case of a plethoric woman of 40 suffering from palpitation of the heart. Examination revealed a healthy heart. Pustules were observed on the face previous to menstruation. This prompted the doctor to advise an intra-uterine examination. The condition found was intra-uterine irritation from debris giving rise to intra-utero-toxaemia. Six treatments after the Woodward methods reported in previous numbers of the GLEANER, completely removed the heart difficulty, and she has remained well for over three years.

12 Dr. Clendenen says improvement followed the use of the following medicines in a case of lepra tuberculosa which he treated: Internally—Echinacea, rhus, corydalis, iris, potassium iodide, and arsenic, following the specific indications for them. Externally—Baptisia, thuja, and other antiseptics.

#### The Los Angeles Journal of Eclectic Medicine.

Vol. III, No. 7. July, 1906.

1. The Kuroshiwo and Its Effects on the Climate of Southern California, - - - - - J. A. MUNK.
2. Electro-Therapy, - - - - - A. O. CONRAD.
3. Status Lymphaticus, - - - - - J. PARK DOUGALL.

1. Dr. Munk writes of the kuroshiwo or black current of Japan, a warm oceanic stream similar to the Gulf Stream of the Atlantic. He traces its geographical distribution with its drift

from Formosa to the Hawaii Islands. The Pacific drift of this current strikes the American coast and flows south as far as Mexico as the California current; from thence it returns as the north equatorial current to its beginning off Japan. This large circle of water is bound to affect the climate of points touched by it by warming the atmosphere and winds above. The Pacific waters, though cold, are never icy, and vary but little in temperature—never over 8 degrees during the year as against 40 degrees variation in the Atlantic. He writes:

"It is never hot nor cold, but is only warm or cool by contrast. In winter when the air is cold the water feels warm, and in summer when the sun shines hot the water feels cool. It is this constant temperature of the Kuroshiwo, together with the all-the-year on-shore winds of the counter-trades on the coast as far south as Oregon, and the strong daily sea breeze of the summer and the on-shore counter-trades of the winter, which give to the Pacific Coast its equable climate. \* \* \* Acting conjointly with the daily sea-breeze is the nightly land-breeze. Far inland on the desert the heat and siccidity are extreme. This condition causes a strong current of dry, hot air to ascend from the desert during the day which flows out over the mountains to the sea. Here it mingles with the moist, ocean atmosphere, when it returns to the land in a modified form as the cool sea-breeze. On the desert, after sunset, the atmosphere cools rapidly when the upward current of air ceases, which causes a reversal of the air currents during the night on the coast and, instead of the sea-breeze, there is now a land-breeze. The mixing of desert and ocean air in these wind movements gives to Southern California its wonderful health-giving atmosphere. It is neither extremely dry as found on the desert, nor excessively moist like the eastern climate; but is a happy balance between the two extremes, which make it not only healthful, but also comfortable every day in the year. The summer is even more pleasant than the winter because of the entire absence of rain, and every day of the long summer is picnic weather. No outdoor picnic function need ever be postponed on account of unfavorable weather. Every day is alike pleasant and dates can be made for outdoor gatherings months ahead with perfect assurance that they will not be interrupted by bad weather. There is a great deal of sunshine during the year, but it is not all sunshine. During the summer the mornings are cloudy, if the weather is normal, and has the appearance of rain, but it never rains. The cloud which covers the sky is a high fog and not a rain cloud. It forms during the night and remains until the middle of the forenoon and the sea-breeze begins to blow, when the cloud vanishes. During the remainder of the day the sky is clear but without heat, as the cool sea-breeze neutralizes the heat from the sun. If the morning is ushered in clear it means that the sea-breeze for that day will be slight and late in making its

appearance and that the day will be hot or, at least, warmer than the average. Whenever such a change happens in the weather, and it may occur two or three times during the season, there are apt to be two, three, or, possibly, four hot days in succession, after which the weather returns again to its normal condition. The increase in temperature is felt only in the direct rays of the sun as the shade as well as the nights are always cool. Even during a so-called hot spell the heat is not continuous, but lasts only a part of the day, or until the tardy sea-breeze begins to blow. A hot night is something that is entirely unknown and blankets feel comfortable every night in the year. If the Kuroshiwo is not the whole of Southern California climate it is at least an important factor. Certain it is that this land is favored by nature above most other countries and the combination of elements which unite to make the climate is so nearly perfect, that it could not be improved if made to order."

2. Dr. Conrad's article deals with a subject which, he declares, is neglected by the Eclectic profession. The paper is an easily comprehended series of definitions of electrical currents, with their therapy in brief, and illustrated by case reports. The ground covered is the galvanic current, faradism, static current, the breeze, the spray, the spark, insulation and potential alteration, and static cataphoresis. It is a good paper, and should be read in full.

3. Dr. Dougall presents a brief paper on the status lymphaticus, a disease "characterized clinically by lowered vitality and unstable equilibrium of the vital forces and hardly possible of diagnosis during life. Rickets frequently coexist, and prurigo is not uncommon with children. The finding of this condition upon autopsy often explains sudden death. The writer concisely sums up the disease as follows:

"Status lymphaticus, or lymphatism, is not often met with but is said to occur mainly in children and young persons. It is characterized anatomically by a general hyperplasia of lymphoid tissue. The lymph glands, especially the pharyngeal, thoracic, and abdominal are universally enlarged. The lymphoid elements in the marrow of the bones is increased in amount, and the red marrow may be found to replace the yellow in young adults. The thymus gland and the spleen are enlarged and there is hypoplasia of the heart and aorta. As a rule the body as a whole is undeveloped and in shape retains many of its infantile characteristics. Rachitis frequently co-exists. Individuals the subject of this lymphatic condition have a very smaller power of resistance and sudden death may occur either without apparent cause or as a result of ailments or causes which are not ordinarily attended by danger, e. g., unexpected death during convales-



cence from infectious diseases, sudden and inexplicable deaths in children, or death while bathing, during anaesthesia or following the injection of Antitoxin."

Vol. III, No. 8. August, 1906.

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|---|---------------|
| 1. Eclecticism—Past, Present, and Future. - - - - - | OVID S. LAWS. |
| 2. Drinks of Mexico, - - - - -                      | G. W. FINCH.  |
| 3. Relative Humidity, - - - - -                     | J. A. MUNK.   |

1. Dr. Laws parallels the history of Christianity with that of medicine; and regards Beach as the Luther of the latter. He strongly pictures the medical practice of the dominant school in the years when he began practice. He touches upon the therapeutic skepticism prevalent among a large number of doctors of the regular school and contrasts it with the faith in medicines that is a part of Eclecticism. He makes a plea for Eclectics to progress, and stand shoulder to shoulder. "Tolerate everything," he says, "but intolerance." He is irrevocably opposed to "mergers."

2. Dr. Finch's splendid and authoritative paper on pulque will be reproduced in a future issue of the GLEANER.

3. Dr. Munk considers at length the physics of humidity and its relation to temperature, and explains wherein there is less liability to heat-stroke in a dry than a humid atmosphere. Siccity makes tolerable the atmosphere of Arizona, even when 110° F. in the shade, whereas excessive heat with humidity, as met with in other climates, tends to favor sunstroke. He makes a sound therapeutic application when he writes:

"The application of warm water to the skin as a therapeutic agent in fever is often of great benefit to a patient. It creates an agreeable sensation of coolness, relieves pain and reduces the temperature. Warm water is preferable to cold water as a lotion as it never produces any unpleasant reaction. To apply ice or ice water suddenly reduces the local temperature when by a law of compensation, reaction takes place and the heat and fever which follow immediately run to a high pitch. The body of a fever patient should be sponged frequently with luke-warm water for its general effect in lowering temperature and quieting restlessness. When the face is flushed with fever and the head throbbing with pain sponging the brow and temples with warm water followed by gentle fanning gives quick relief, and if repeated occasionally will permanently cool the fever and relieve the headache. This process promotes evaporation in a highly satisfactory manner and gives coolness, comfort and rest to the patient."

## The Eclectic Review.

Vol. IX, No 8. August, 1906.

1. Extrauterine Pregnancy, - - - - - JOHN PERRINS.
2. A Few Anti-Malarial Compounds, - - - - - JOHN ALBERT BURNETT.
3. Intrauterine Medication, - - - - - C. WOODWARD.
4. Spasm of the Oesophagus and Stomach, - - - - - CHARLES LLOYD.
5. Cystin, - - - - - MAX MEYER.
6. Cancer—A Review of the Theory and Treatment of  
It During the Past Century, - - - - - G. W. BOSKOWITZ.

1. Dr. Perrins urges greater study of extrauterine pregnancy, and gives a splendidly condensed paper on the subject in its various phases, dwelling much upon the natural history of the disorder, the few and meager diagnostic points, and concludes, with Tait, that the diagnostician is likely to fail fifty times in a diagnosis for once that he could be certain. The paper is based upon the views of Dr. John Strahan, of the Royal University of Ireland, whose prize essay he advises all to study.

2. The following are some of the combinations advised by Dr. Burnett: (1) One of the most reliable antiperiodics is

℞ Specific gentiana; specific hydrastis, aa. ʒiv; specific cascara, ʒij; salicin, gr. xx; tincture myrrh comp., ʒj; simple syrup, ʒviij. M. Sig. To keep a chill off give a drachm every hour until six, eight or ten doses are taken, beginning so the last dose will come one or two hours before the chill is due. At other times give a drachm every three hours.

"A good compound for those who wish to use quinine and one that is far better than quinine alone, is: ℞ Quinine, gr. 72; acetanilide, gr. 48; pulverized capsicum, gr. 24; caffeine, gr. 12. M. Sig. Divide into 24 powders. To keep a chill off, give one powder every two hours until four or five doses are taken, beginning so the last dose will come one or two hours before the chill is due. At other times give a powder every three or four hours.

"In sub-acute and chronic forms of malaria the following will be of value: ℞ Arsenic, gr. i; extract nux vomica, gr. v; powdered aloes; iron sulphate, aa. gr. xx; quinine, ʒj. M. Sig. Divide into 24 powders and take one every four hours until two chills are missed and then three times a day.

"Another good remedy in sub-acute and chronic malaria is as follows: ℞ Powdered alstonia, ʒiv; berberine muriate, ʒij. M. Sig. Dose, 2½ grains. To keep a chill off give four or five doses two hours apart, beginning so the last dose will come about two hours before the chill is due. At other times give 2½ grains every three hours.

"In chronic malaria with enlargement of the spleen and liver a good antiperiodic is as follows: ℞ Elixir potassa bromide, ʒij; fluid extract grindelia squarrosa; specific cinchona, aa. ʒss. M. Sig. Dose, one drachm every three hours.

"Another good remedy in chronic malaria is: *R* Iron ferrocyanide, gr. xxx; powdered alstonia; powdered hydrastis, aa. gr. ij. *M.* *Sig.* This is one dose to be repeated three times a day.

"The liver should be kept active when using antiperiodics, and for this purpose the following will prove to be of great value. *R* Specific chlonanthus,  $\mathfrak{ss}$ ; specific euonymus,  $\mathfrak{ss}$ . *M.* *Sig.* Dose, 5 to 15 drops three or four times a day."

3. Dr. Woodward reports the case of a cancer of the breast (as diagnosed and treated by others) due "to reflex action caused by intrauterine and intestinal irritations." When beginning treatment Dr. Woodward insisted on her continuing X-Ray treatment she had been taking, when he gave her the following mild stimulating antiseptic laxative:

"*R* Sulpho-carbolate of sodium,  $\mathfrak{ss}$ ; infusion of Alexandria senna,  $\mathfrak{ss}$ ; glycerine,  $\mathfrak{ss}$ ; distilled hamamelis,  $\mathfrak{ss}$ ; rye whiskey,  $\mathfrak{ss}$ . *M.* *S.* One teaspoonful in a glass of cold water, to be taken before meals.

"All decomposing substances were removed from her uterus by swabbing and antiseptic cleansing twice a week. This treatment inhibited the auto-intoxication that was occurring in the bowels and uterus, controlled the irritations and reflex actions and resulted in a decided improvement of her health. It then became apparent, from day to day, that there was less pain in her breast and that it decreased in size more rapidly from the effect of the X-rays than before."

4. Dr. Lloyd notes the causes and symptoms of spasm of the oesophagus and stomach, and gives the differential diagnosis between it and angina pectoris. His treatment is direct, as follows:

"For the immediate relief of the spasm and pain no remedy in my experience has acted so promptly and sure as the saturated tincture of the seeds of lobelia inflata. In the adult nothing less than ten drops to twenty is a dose every fifteen to thirty minutes, without water, slowly given; it may be mixed with a little glycerine or syrup, if at hand, until relief is obtained. If there is distention of the stomach with gas accompanying the spasm, especially if the mucous membranes are pale, be sure and give bicarbonate of soda in a little water before the first dose of lobelia is given, and between subsequent doses if necessary. After relief of the spasm is obtained, and there is a tendency to mild recurrence, give from one to two drops of lobelia in a little mucilage between each meal, gradually decreasing the dose; then regulate whatever may be the cause of the spasm. The next remedy of importance, where there are no contra-indications, is gelsemium, thirty drops of the simple tincture 10 per cent, ten drops of the specific tincture or fluid extract, every fifteen minutes in severe cases, slowly given until relieved. The next remedy is viburnum opulus or viburnum prunifolium. The specific tincture or fluid extract, dose half

to one drachm, to be given the same as the preceding remedies. The next in order are chloroform and nitrate of amyl inhalations. Libradol may be applied along the seat of trouble, and cupping between the shoulders will aid in the treatment."

5. Of cystin and cystinuria, Dr. Max Meyer remarks:

"A very rare sediment of the urine is cystin, which appears under the microscope as hexagonal plates with high refraction. It is an amido-acid, having the formula,  $C_3H_6NO_2$ , and contains 6 per cent of sulphur. The crystals can be readily differentiated from uric acid by hydrochloric acid, which dissolves them, leaving uric acid unchanged. Acetic acid dissolves triple phosphates, but leaves cystin unaltered. The crystals of iodoform can be confounded with cystin, but the size of the latter will leave no doubt. The cause of cystinuria is obscure. For years no symptom can be detected pointing to the presence of this acid, except a slight irritation of the urinary tract. Several members of the same family might be affected, and it has been observed in some cases of liver disease and articular rheumatism."

6. Dr. Boskowitz's historical account of the theories concerning, and treatment of, cancer will be reproduced in a future issue of the GLEANER.

Vol. IX, No. 9. September, 1906.

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|---|----------------------|
| 1. Typhoid Fever, - - - - -                                       | A. L. CHASE,         |
| 2. A Remedy for Diarrhoea Caused by Nervous Influences, - - - - - | JOHN ALBERT BURNETT. |
| 3. Colles's Fracture, - - - - -                                   | ARTHUR WINE SMITH.   |
| 4. Infantile Scorbutus (Scurvy), - - - - -                        | C. EDWIN MILES.      |

1. Dr. Chase's paper covers well the history, symptoms, causation, etc., of typhoid fever. He declares it is not so prevalent as formerly, especially in cities, on account of better sanitary conditions; but it occurs in country towns where there is no public water supply. In his own town (Randolph, Mass.) the cases have been rare since the introduction of the public water supply. He is especially cautious in feeding the patient during the active period and during convalescence from the disease, and he is inclined to believe that one never has true typhoid fever but once. His medicinal treatment—characteristically Eclectic—we give below.

"Where we get a weak heart a favorite of mine is to take round steak, broil it slightly and squeeze out the juice, salt it and add such spice as the patient likes, and give in small quantities and at regular intervals. Regular feedings are of great importance in this as well as in all long wasting diseases, to hold your patient up. If heart flags, strychnia 1-60 gr three times a day is of great value, this with some

disinfectant for the bowels is about all that many physicians depend upon. I have found one of the best of this class that I have used, is the *echinacea angustifolia*, which I have given in small doses for several years past, I think, with great benefit to my patients with typhoid fever. I give aconite where we get the small wiry pulse and veratrum with the full, bounding pulse. Rhus is the agent to relieve irritation of nerve centers with an irritable pulse, lobelia where we get an oppressed pulse with cough and oppression in the chest. Bryonia where there is bronchial irritation with cough and sharp pains in chest with pleurisy. But the two best antiseptics to my mind are *echinacea* and *baptisia*. *Echinacea* where the tongue is broad, full, slightly coated, and has a dusky hue, face and tissues full. *Baptisia* where face is dusky and represents a frozen appearance, the tongue dusky and stools frequent. Sulphite of sodium where the tongue is moist, dirty and pasty, face full, eyes dull, extremities inclined to be cold. Chlorate of potassium is the remedy for bad odors, offensive skin and breath, fetid stools with cadaveric odor. Where the tongue becomes dry and brown, or dry and slick, and glossy sordes upon the teeth give hydrochloric acid. I generally make a pleasant acid drink and let the patient sip it as a drink. Sometimes good cider is used in a similar way. Sulphurous acid where the tongue is moist, dirty red, resembling spoiled beef. For insomnia *passiflora* and *pulsatilla* are favorite remedies with me. Diaphoretic powder in from 5 to 8 gr. doses works well where we get the moist skin and moist tongue. For the diarrhoea subnitrate of bismuth in from 5 to 10 gr. doses works well; also small doses of ipecac with absolute rest, not allowing our patients to help themselves at all, and make them use the bedpan instead of getting up. Where there is hemorrhage, rest, with gallic acid in 5-gr. doses every hour until three doses are taken and after that four times a day, with rest and careful diet proves beneficial, and if followed with much prostration strychnia 1-60 gr. three or four times a day will tend to hold our patient up. If the bowels are very tympanitic spirits of turpentine in 1 or 2-drop doses three or four times a day is good, also rub the abdomen with spirits of turpentine one part, sweet oil three parts, every two or three hours. If the patient is constipated unless it is quite bad I let it alone, as I think it is better than diarrhoea."

2. Dr. Burnett's remedy for diarrhoea caused by nervous influences is the following:  $\mathcal{R}$  Tincture of capsicum, specific myrica, specific cypripedium, aa 3ij. Mix. Sig. Dose, 30 drops every two or three hours. This formula he comments on as follows:

"There are many causes for diarrhoea from nervous influences; some of them are excessive heat, excessive exhaustion from mental, physical or sexual excess, fright, general debility, etc. In all such diarrhoea a stimulant is needed, and for this purpose nothing is better than capsicum, as it is our best stimulant in any condition where

much stimulation is needed. An astringent will be needed, as the tissues will be relaxed and the slack should be taken up. For this purpose I know of nothing better than Lloyd's specific myrica, as it will not only act as an astringent and take up the slack but it will scour the mucous membranes of the alimentary canal and cut out all the mucus which is always present in this form of diarrhoea. It also enhances the stimulating effect of capsicum and sustains the nervous system to a certain extent. Myrica has been used with good results in various derangements of the nervous system where the ordinary nervines had failed to give relief. Cypridium is put in for its effect on the nervous system, and its effect is greatly enhanced in this form of nervous derangement when combined with myrica. Lloyd's specific scutellaria would make a good substitute for, and could be used in place of cypridium, but there would be no substitute for myrica."

3. Dr. Smith reports a case of Colles's fracture treated without resulting deformity, by following the method of adjustment of fragments suggested by Dr. John B. Roberts, of Philadelphia.

4. Dr. Miles' paper will be reproduced in a future issue of the GLEANER.

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### The American Medical Journal.

Vol. XXXIV, No. 8. August, 1906.

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|--|-------------------|
| 1. New Lights in the Healing Art, - - - - -              | ALEXANDER WILDER. |
| 2. Salpingo-Oophoritis, - - - - -                        | J. A. MILLER.     |
| 3. Cystocele—How Treated, - - - - -                      | EMMETT F. COOK.   |
| 4. Purpura Hemorrhagica, - - - - -                       | A. M. BEAN.       |
| 5. Rattlesnake Bite and Treatment, - - - - -             | A. L. FISCHER.    |
| 6. Face Presentation, - - - - -                          | G. O. HULICK.     |
| 7. Texas Items, - - - - -                                | L. S. DOWNS.      |
| 8. Influence of Altitude Upon Animal and Vegetable Life, | GEORGE O. FITZER. |

1. Dr. Wilder's paper is a review of the systems of medicine now operating under the names osteopathy and chiropractic. With his accustomed fairness he cites the definitions and explanations of the founders and defenders of these forms of practice. The fact that the former system has survived now forty years has given it a foothold in public favor which a worthless theory would not have achieved." Again, he writes:

"The teachers and practitioners do not claim dogmatically that their methods are the only therapeutic measures which are really beneficial, but only while acknowledging the merit of others, insist that osteopathic methods will favorably influence all pathologic conditions of a curable character. They profess to have added a little to our knowledge in such cases as fractures and dislocations. Their field

embraces the pre-operative stage of certain surgical conditions, and the great class of diseases which fall within the province of the physician."

Dr. Wilder refers to the controversy between Dr. D. D. Palmer, of Davenport, Iowa, who claims to have discovered "chiropractic," and L. M. Langworthy, of Cedar Rapids, erstwhile pupil of the former, who maintains that chiropractic is an "old Bohemian system," known to the older Bohemian generations as "naupravani," or adjusting, and surmises that, as many Bohemians are living about Davenport, Dr. Palmer learned his procedures of them. The vetoing of a law to legalize chiropractic in Minnesota and give a separate Board of Examiners, upon the ground "that it is a discovery of very recent origin and was discovered and developed by men who were not learned in the science of healing disease," leads Dr. Wilder to remark that "it ought to be enough to make sure that they are not uttering false pretenses; but doing faithfully and successful what they undertake."

2. Dr. Miller's paper is an exhaustive article on salpingo-oophoritis in all its diagnostic and surgical phases. It is too lengthy to abstract and to be well understood must be read in full.

3. Dr. Cook defines cystocele, gives the symptoms and diagnosis, and cites a case showing the necessary surgical procedure for its cure. The case was complicated with a ruptured perineum. The surgical procedure consisted in removing V-shaped section from the anterior vaginal wall, taking care not to wound the bladder, and suturing with cat-gut. The patient recovered from the operation for the cystocele in less than two weeks; care was had to catheterize every eight hours and allow no urine to come in contact with the stitched surface. Then the perineum was repaired, using chromicised cat-gut, as recommended by Dr. Pratt, of Chicago. The patient was permanently cured in twelve days.

4. Dr. Bean remarks the scarcity of reference to purpura hemorrhagica in Eclectic literature. [In this he evidently has not access to much of the journalistic literature of our school in which there is an abundance of reference to it.] Of treatment he says:

"The objects of treatment in purpura hemorrhagica are the restraint and arrest of the hemorrhage, for which adrenalin chloride is probably the most effective, tannic acid and powdered elm bark, combined and alternated with *pinus canadensis* and ergot combined; gallic acid, geranium, and *rhus aromatica*; the restoration of the normal

constitution of the blood, and increase the vital powers. Of tonic remedies, the dilute sulphuric acid in form of lemonade is especially useful. For general treatment, tincture of chloride of iron, digitalis and ergot combined in large doses. For restlessness, bromide of potassium and gelsemium. For fever, aconite or veratrum with belladonna for congestion, especially where there is dullness with dilated pupils. External applications of heat should not be neglected. The bowels should be kept open and especial attention should be given the kidneys lest nephritis develop. The diet should be nutritious and varied. The juice of lemons, oranges and other fruits should be taken freely, but not to such an extent as to produce disorders of the stomach, cream and eggs, etc. With the free use of the above cathartics may be avoided. I will now proceed with my original intention and report the case mentioned in the opening of this paper."

Dr. Bean reports a grave case, a girl of eleven years, promptly restored by following in the main the procedure outlined. In addition to the remedies named, echinacea and hydrogen peroxide were used locally and spirits of nitrous ether to correct faulty action of the kidneys. Diet was lemons, oranges, and grape juice, eggs, and a small amount of light soups. She had been a large eater of meats.

5. Dr. Fischer reports a case of rattlesnake bite presenting the usual violent symptoms, cured by prompt treatment as given below, with the addition of magnesium phosphate 3x. Of echafolta he says: "I consider echafolta superior to any known agents in various blood dyscrasias, regardless of origin. It has never failed me in a single case." His case was treated as follows:

"I thoroughly incised the wounds and irrigated with strong solution of permanganate of potassium, then applied the following to wounds: R Echafolta, ʒij; glycerine, ʒij; aqua, ʒvj. Keeping the wound constantly moist with the above prescription. Then wrapping the thigh and leg in absorbent cotton above wounds, I applied R Potassium permanganate, ʒiss; aqua, Oij. Keeping the parts saturated with same. Internally I prescribed. R Echafolta, ʒij; aqua, q. s. ʒiv. Sig. Teaspoonful every hour."

6. Dr. Hulick's paper is a didactic lecture on face presentation.

7. Dr. Pitzer's paper is a lengthy and common sense argument against the fallacy of believing a high altitude beneficial to diseased condition. He advises the sea-level or altitudes not to exceed 2,000 feet, as the proper places for suffering people and for the establishment of sanatoria. In such an altitude only can the proper life-giving climatic properties be found. His article is lengthy, but will abundantly repay reading.



Vol. XXXIV, No. 9. September, 1906.

1. Ulcerations or Erosions of Cervix, - - - - G. A. STEELE.
2. How I Treat Rheumatism, - - - - PERCY LEE TEMPLETON.
3. Favorite Remedies, - - - - JOHN ALBERT BURNETT.
4. Operations on the Brain, - - - - E. YOUNKIN.
5. Notes of Interest from Across the Water, - - - W. P. NOVELLI-JAMES.
6. Examination Questions of Indiana State Board of  
Medical Registration and Examination, - - - . . . . .

1. Dr. Steele reviews the etiology, symptoms, and diagnosis of cervical erosions, and outlines treatment as follows:

"After cleansing the parts with cotton wrapped around a probe or uterine applicator, apply tincture iodine twice a week, or a ten per cent solution of sulphate of copper, or nitrate of silver. Thuja is an excellent remedy, follow this with the free use of boracic acid packed around the cervix, held in place with a tampon saturated with glycerine or one part ichthyol and nine parts glycerine. Remove the tampon the next morning following treatment. Instruct patient to use a copious injection of sterilized water. Sometimes curetting the cervical canal and erosions is effective. If laceration exists a wedge-shaped incision should be made; bringing the parts in apposition causes the hypertrophy to diminish and the granulation to heal; correct all displacement of uterus if possible. The internal remedies that act by lessening the congestion of the pelvic viscera are very useful. Also those that act on the nervous system, such as pulsatilla, passiflora, the viburnum, bromides, etc. Rest from hard work and child-bearing, bathing, rubbing the skin until you get up a good capillary circulation. Tonics to build up the run-down system, such as strychnia, or the elixir of calisaya, iron and strychnia, or the different bitter tonics as the different cases may require. The treatment as thus outlined will cure a majority of cases, with some variation in specific diseases."

2. Dr. Templeton considers rheumatism, real and so-called, in many of its phases. Every deviation from the healthy standard is observed by him in treatment. In some cases patients are given a cup of composition or a saline well diluted before meals, for the bowels and kidneys are to receive the best of care. He finds salol suited to some cases, also correcting any morbid hepatic action; cimicifuga, with prickly ash and viburnum opulus are used empirically in muscular rheumatism. Cook's (physio-medical) liniment of capsicum, with the addition of tincture of lobelia and alcohol, helps some cases when applied and covered with warm flannel. In articular rheumatism of long duration colchicum with aralia hispida, apocynum, or lithia, have given good results.

3. Dr. Burnett gives a list of formulæ and remedies, with brief summaries of their uses. They are too numerous to reproduce herein and should be read in the original paper.

4. Dr. Younkin's paper is worthy of perusal in the original, and we may reproduce it in some future issue of the GLEANER.

5. Dr. Novelli-James' contribution is a news-letter touching upon topics pertaining to English medicine. It abounds in criticisms and can be of but little general interest.

### The Chicago Medical Times.

Vol. XXXIX, No. 9. September, 1906.

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| 1. The Repression Method in Eye Strain and Chronic Diseases, - - - - - | ZELL L. BALDWIN.   |
| 2. Address of President, - - - - -                                     | HENRY E. WHITFORD. |
| 3. Iron, - - - - -   | W. E. KINNETT.     |
| 4. Treatment of Endometritis by the Electrical Current, - - - - -      | D. A. STEVENS.     |

1. Dr. Baldwin discusses at length the important subject of the repression or fogging method of treating eyestrain. Following Prentice, he has now treated many hundred cases, types of which he submits. He cites Gould and Ranney who have made important observations on eyestrain. After citing at length the great benefit to be derived from this treatment, he makes the following claims:

"First, that the sense of vision is most acute and constant and has a larger area of the special senses, therefore more liable to produce derangements of the central nerve functions, from which proceed abnormal reflex disturbances. Second, that abnormal innervation or enervation of the intrinsic or extrinsic muscles of the eye, produce disturbances of the dynamic centers, resulting in manifest diseases remote from the point of irritation. Third, that the manifest muscular defects cause less strain and disturbance when the effects are absolutely latent, or show reverse manifestation, for in the former they have periods of rest, while in the latter there is a constant abnormal innervation, which in time may result in some form of neurasthenia. Fourth, that by repression is meant the excessive nerve impulse accomplished by reversing the strain of either the ciliary, the recti, or both, by which short and defective muscles obtain rest and approach normality. Fifth, that this is accomplished by prisms, convex lens and surgery of the short muscles. Sixth, that fogging (i. e., dimming the vision and stimulating the ciliary muscles to relax atonic spasm, by the application to the eye of convex glass) the visual field produces nerve impulses, thus giving rest to exhausted nerve centers. Seventh, that tonic or clonic spasms of the eye muscles are relieved and the normal innervation established. Eighth, that eye strain and defective vision should not always be relieved by using glasses to give the most perfect sight, but to relieve the causative strain, even if the visual field be greatly diminished for a time, thus giving the eye rest which greatly strengthens the nerve centers, relieving the reflexes and often re-establishing normal vision. The above statements are many of

them contrary to some of the accepted theories and methods of today. Their value lies in testing them personally."

2. Dr. Whitford, as president of the State Society of Illinois, congratulates the members upon the harmony and good fellowship prevailing in the ranks and on the general confidence and respect shown by the public and by the members of other schools of medicine. He says:

"The growing tendency is toward recognition of the better elements in each school of medicine, the overlooking of natural faults, and a blending of our interests in matters necessary—civic, political and educational as well as medically. There yet remains much for us to do along this line, and our fullest consideration and co-operation must of necessity increase. The personal interest and influence of each member of this society will be demanded, particularly along legislative lines relating to child-labor, pure food, proprietary nostrums—tuberculosis, reporting of and isolation of venereal diseases, and our thoughtful consideration of the State Board of Health, which by the way is better organized and managed than ever before. By its bulletins we can know what they are doing and attempting to do, and where we can be of service. I am aware that we often put aside this matter, and I especially appeal to each member of this body to exert himself to the extent of keeping in touch with the board and its work. It behooves us to keep this grand State of Illinois abreast with the older States in all medical and humanitarian issues."

3. Dr. Kinnett offers a paper upon iron therapy and begins by showing the opposing conclusions arrived at by authorities on the subject. All authors, however, agree that iron is a carrier of oxygen; some regard it as a food to the blood as well as a medicine. It is generally agreed upon that small doses only are absorbed and that large doses are irritant and not absorbed, and that the drug must not be administered during fevers or inflammations. Biochemistry teaches that only the phosphate of iron is found normally in the blood and that salt of iron, in minute doses, is the best remedy for fevers and inflammation. After years of the use of various salts of iron, Dr. Kinnett asserts that he could not get the results claimed for iron until he used the phosphate. His personal conclusions are as follows:

"Iron carries oxygen to every tissue reached by the blood stream, and when properly administered it will furnish the oxygen and promptly relieve irritation and increase strength. Oxygen is the greatest aid when battling for life, especially in diseases of the respiratory apparatus, used either by inhalation or supplied by iron, and the latter way is usually the better, assists breathing and strengthens the heart—no heart failures here—for it prevents muscle failure. For

a number of years I have been prescribing iron in very small doses from the 2x to the 3x trituration or dilution. Whether the ferrum phosphate is the only iron found in the blood or not I am not prepared to either affirm or deny, but if so, if the other forms are absorbed they are converted into that form before they reach the blood stream. I can affirm that my experience is that the phosphate of iron is one of our very best sedatives, and certainly the safest. We have but few, if any, superior remedies in cases of acute inflammations of all mucous surfaces. It is indicated in all acute cases where we have been taught to use our so-called special sedatives, such as tonsillitis, pharyngitis, laryngitis, tracheitis, bronchitis, pneumonia, pleuritis, gastritis, enteritis, colitis or any other itis. The phosphate of iron combined with the chloride of potassium to prevent plastic exudates, are the leaders among our very best remedies for any and all acute inflammations. The phosphate of iron is one of our very best remedies, used locally and internally in erysipelas."

The discussion brought out by this paper is very interesting and should be read by those who doubt the therapeutic efficiency of the iron compounds.

4. Dr. Stevens is inclined to think that most who employ electricity in disease are allopathic in practice—treating a name without analysis of conditions. Pathology and physiology should be more closely followed and our treatment regulated by specific medication. To illustrate, note the following:

"First, let us notice the action of the galvanic current. If we apply the positive pole to human tissue we get the attraction of oxygen; an acid reaction created; sedation of pain; contraction of blood vessels; driving of blood from the area; contraction of the tissues; corrosion of metals; strong positive hemostatic. The negative pole has the opposite effect. Now let us take an enlarged uterus. What is the treatment? You say positive pole to draw it down to normal size. Maybe so; but wait. What is the condition present? If the uterus is large, soft and boggy, discharging freely, maybe bleeds easily, then our indications are plain and positive,—the positive pole, intra-uterine, will do the work very satisfactory. It will lessen the blood supply, dehydrating as no tampon can do and in a more thorough manner. A tampon of glycerine will extract the serum from the tissue, but what action does it exert upon the enlarged vessels? None; hence its action over the root of the evil is nil, and benefit only transitory. The polar action of the positive pole is vaso-constrictor; the continued application of same restores to normal status. Now let us take a uterus enlarged, hard, firm, with connective-tissue hyperplasia, discharge not a prominent symptom, usually retroverted. With this condition we wish to promote vascularity, throw more blood into the organ to soften and absorb the hyperplasia. The negative pole meets the indications and will do just what is wanted."

If bacteria are present and a pus-forming membrane, a copper electrode is used. The oxychloride of copper is formed, and its antiseptic and cataphoretic action obtained. This is equal to currettage, but if some membrane must also be removed he uses the platinum or block-tin positive electrode.

Vol. XXXIX, No. 10. October, 1906.

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|--|---------------------|
| 1. Treatment of Gastric Ulcer, - - - - -                   | FINLEY ELLINGWOOD.  |
| 2. A Case of Chronic Peritonitis with Adhesions, - - - - - | E. J. FARNUM.       |
| 3. Eclampsia, - - - - -                                    | WILLIAM J. POLLOCK. |
| 4. Pathology of Typhoid Fever, - - - - -                   | S. B. STRONG.       |
| 5. Vicarious Labor Pains, - - - - -                        | J. H. WASKA.        |
| 6. The Weak Primary Faradic Current, - - - - -             | O. WOODWARD.        |
| 7. Some Legal Points Concerning Insanity, - - - - -        | ARTHUR GAMMAGE.     |
| 8. Fracture of the Hip, - - - - -                          | J. A. McDONELL.     |
| 9. Ophthalmia Neonatorum, - - - - -                        | E. G. TROWBRIDGE.   |

1. The paper by Dr. Ellingwood on gastric ulcer is a chapter from the second volume (forthcoming) of Eclectic Treatment of Disease,—a most excellent production. The paper should be read in full or better still, the two volumes containing this and other equally good articles should be purchased and read and re-read from cover to cover.

2. Dr. Farnum reports the case of an apparently robust woman, a widow who had borne no children, who suffered from what appeared to be stomach trouble. When at work her stomach would become distended with gas, with sour eructations and belching, distress from food, and severe sick headaches. She was tender in the epigastrium. She could be temporarily relieved, and was treated by many doctors, some of whom, including the writer, suspected chronic localized peritonitis. Owing to corpulence diagnosis was difficult, and an exploratory operation was advised. Operation revealed chronic localized peritonitis confined chiefly to the great omentum, showing a hard mass drawn together by cicatricial bands going through and cutting into the fat. Amputation of a portion of the omentum, as would be performed in a case of ventral hernia, completely relieved the woman. The paper shows the importance and value of the exploratory operation in doubtful cases of abdominal troubles.

3. Dr. Pollock reports the case of a woman of thirty-eight, first pregnancy, eighth month, giving every sign of uræmic poisoning, with albumen in abundance, no casts, edema of the limbs, severe headache, and greatly decreased flow of urine. She was put upon the milk diet. The albumen disappeared, the urine increased, and

she gave normal birth to a child. Four weeks after birth she had convulsions; limbs tense and edematous, constipated, much albumen, no casts, and almost complete anuria. Normal salt solution, veratrum and digitalis gradually brought about restoration. The doctor asks, "What caused these convulsions so late after confinement?" Dr. Robertson, in discussing the paper, suggested that the coloring matter of the urine might have provoked such attacks. Dr. McDonald pronounced it a parenchyma-nephritis, with secondary infection.

4. The paper by Dr. Strong is lengthy and does not well admit of abstraction. It presents the pathology of enteric fever in clear and concise manner. The paper must be read in full to be appreciated.

5. Dr. Waska reports a case of what he terms "vicarious labor pains" occurring in a twin-labor. There was absence of pains in back or abdomen, but cramp-like regular pains in the left leg. As soon as the first child was delivered the pain entirely left the leg and became like those of a normal labor. A phlegmasia alba dolens followed and ceased abruptly in about twelve days.

6. Dr. Woodward argues in favor of the mild faradic current, cites cases, and presents the following conclusions:

"Whenever a cold, external injury, pressure or reflex irritation is sufficient to cause spasmodic contractions or shocks of local paralysis of the peripheral nerves, the weakest primary current applied for two or three hours will control or restore these conditions from several applications of short duration and with stronger currents."

He believes that if the Eclectic profession looked upon electricity as it does upon small doses of medicine in preference to large ones, electricity would be more generally employed.

7. Mr. Gammage, a lawyer, presents an interesting paper on what constitutes insanity. It should be read in the original. A little knowledge of this sort would be an immense advantage to doctors who would determine whether patients can be legally declared insane and placed under restraint.

8. Dr. McDonell presents a good paper showing how to examine a limb of an aged person who has fallen upon the trochanter and is unable to rise. His conclusions, after mentioning all the possible diagnostic points, are:

"Two conditions indicate the nature of the injury: First, the foot eversion, and it can not be inverted freely. Secondly, there is some

shortening of limb. Thirdly, marked pain on motion and on rotating of foot inward. With all the facts before us we can not fail to conclude, without further examination, that we have an impacted fracture. We shall not try to prove our opinion further by attempting to obtain crepitus, for the reason that we may destroy the hope of a bony union, and further make a complete fracture, to the great detriment of the patient. It has been too often the case that the unwise and over-zealous determination on the part of the attendant to get the positive sign crepitus has been disastrous to the patients, rendering them cripples for life. The rule should be; carefully examine the features of the limb as already stated, and rest the diagnosis on facts obtained. I recapitulate: If foot is everted and can not be inverted, and the limb is even shorter, with great pain on moving the limb, you should assume that a partial fracture exists, and treat your patient accordingly. Such fractures unite, as a rule, rapidly. Even if the signs and symptoms indicate a complete fracture, it is improper to make extreme efforts to obtain crepitus, for the disturbance of the fragments necessary to effect this object often gives rise to an inflammation which retards, if it does not sometimes prevent union. Always treat these cases with a view to obtain bony union."

In discussion, the doctor's paper met with some opposition in regard to the rapidity of union or as to whether bony union would occur or not.

9. Dr. Trowbridge believes silver nitrate an unsafe remedy for home use in the treatment ophthalmia neonatorum. He says:

"In hospitals it is customary to put two or three drops of a two per cent solution of nitrate of silver into the eyes at the time the babe is washed. It is claimed that this will kill the gonococcus should any be present. I would not recommend this in private practice. I direct the nurse to wash the babe's eyes last, and when ready to wash them, with sweet oil, first oil the eyes, and all around them, letting a little of the oil get into the eye if it will; then wash the eyes carefully with a clean cloth and clean water. This will lessen the danger greatly. If a case has developed, direct the nurses to take toothpicks and twist a little absorbent cotton on the end of each. Prepare a saturated solution of boric acid and to four ounces of the solution add two or three grains of cocaine, if it is at hand. Now direct that the secretion shall be wiped from under the babe's eyelids every fifteen minutes, using the toothpick swabs dipped into the boric solution, each swab to be used but once—then burned. These frequent treatments may be required for the first twenty-four hours; after that, not so frequently, but often enough to keep the eyes clean. Prepare some eye drops as follows:  $\mathcal{R}$  Cocaine, grs.  $\text{ii}$ ; sulphate of zinc, gr.  $\text{j}$ ; boric solution, oz.  $\text{j}$ .  $\text{M}$ .  $\text{Sig}$ . Put two drops in each eye four times a day."

## The California Medical Journal.

Vol. XXVII, No. 7. July, 1906.

1. The Heart, - - - - - F. G. DE STONE.
2. Leprosy—Its Causes, Prevention, and Cure, - - - - THEODORE JUDSON HIGGINS.
3. Ultra-Violet Ray in Posterior Urethritis, - - - - A. S. TUCHLER.

1. Dr. De Stone passes the anatomical construction of the heart to deal with its abnormal action. He recalls that tying the coronary arteries or veins of one side of the heart causes slowness of action on that side and increased activity in the opposite side. He shows how cedema of the lungs occurs thereby and considers in detail arterial sclerosis, hypertrophy of the left ventricle, palpitation of the heart, and valvular regurgitation. Finally, he considers the four methods of examining the heart, viz.: Inspection, palpation, percussion, and auscultation. The paper is a simplified and model form of instruction for students.

2. In this installment, Dr. Higgins calls attention to the fact that Dr. Goodhue (June 15, 1906), of Molokai, has found the germ of leprosy in the mosquito and vermin. The transmission of leprosy by mosquitoes, lice and fleas was noted by Dr. Higgins previously (October, 1905, *California Medical Journal*, p. 265), and this point is the special contention of the paper. He further proceeds to discuss pathogenesis through germs and the relation of bacteriology and therapeutics. He believes thus far that but five pathogenic bacteria are positively known.

3. Dr. Tuchler uses Bennett's (Lima, O.) method of applying the ultra-violet ray in posterior urethritis, and praises it as doing the work nicely and with no damage to prostate or rupture of the sphincter of the bladder such as results from forcible dilation. He proceeds as follows:

"Seat the patient on the insulated platform, insert an aseptic glass (Snow) electrode into the bladder, attach it by an insulated cord to the positive side static machine, care being taken that the cord does not touch the patient; ground the negative side of the machine. When the proper connections have been made, start the machine slowly, the sliding rods nearly touching, gradually increase the speed of the glass plate machine to about 250 revolutions per minute, then separate the sliding rods to one and one-half or two inches, according to the sensitiveness of the patient. Ten to twenty minutes is the usual time of a treatment every other day. Usually from two to four weeks will suffice to effect a cure. The ultra-violet ray generated in this way is equal to that obtained by any expensive medium or attachment to the static machine. We have treated our



patients during a period of three years in this manner and with no desire to change to the usual methods employed. In prostatic troubles, either enlarged or irritable, this is a most soothing and curative treatment. Should the urethra be too sensitive to tolerate the passage of the electrode, a rectal tube inserted in the rectum and attached as above, will give pleasing results. A couch with glass legs, so that a patient can recline during the treatment, will be somewhat more comfortable to the invalid than the chair."

Vol. XXVII, No. 8. August, 1906.

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|-----------------------|-----------|-----------------|
| 1. The Blood Vessels, | - - - - - | F. G. DE STONE. |
| 2. Borothyme,         | - - - - - | A. S. TUCHLER.  |

1. Dr. De Stone's lecture should be read in full in connection with the paper on the "Heart," in July number of the *California Medical Journal*. They are of special interest to students.

2. Dr. Tuchler has devised and used a preparation he names "Borothyme."

"The formula for this remedy is as follows:  $\mathcal{R}$  Camphor; phenol, thymol; menthol, aa. gr. x; oil of gaultheria; oil of eucalyptus, aa. gtt. x; specific hydrastis, gtt. x; acid boracic,  $\mathfrak{ss}$ . Dissolve the first four ingredients in the oils, add specific hydrastis, and triturate thoroughly with the boracic acid. This valuable preparation is best used in solution or ointment.  $\mathcal{R}$  Borothyme,  $\mathfrak{ss}$ ; lanolin; vaseline, aa.  $\mathfrak{ss}$ . M. Sig. Apply twice daily. As an allround soothing and healing salve in recent wounds or cuts, inflamed mucous membranes, especially of the nose, as in coryza or sores in the nostrils. In eczema of the child, when the face, nose, ears or head is the location of the eruption, this will be found an excellent application.  $\mathcal{R}$  Borothyme,  $\mathfrak{ss}$ ; water (hot), 1 pint. M. This solution is an excellent allround antiseptic preparation. As mouth or tooth wash or for a sour stomach in teaspoonful doses several times a day, it will be found invaluable. It is a cheap office stock remedy. It can be used in a 25 per cent solution for irrigating nasal cavities in acute coryza, the bladder in cystitis or for a vaginal douche or uterine irrigation, when such is indicated. In gynecological office practice it will be found a useful remedy as a cleansing agent in full strength. After an extended use of the above by the writer, covering six years, it replaces the ordinary alkaline proprietary remedies and is much more satisfactory.

#### The Nebraska Physician.

Vol. II, No. 14. September, 1906.

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| 1. Report of a Case of Abscess of the Frontal Sinus, | - - - - - | J. L. HANCHETTE. |
| 2. Embolism,   | - - - - - | M. L. WILSON.    |

1. Dr. Hanchette reports a remarkable case of double frontal purulent sinusitis, or empyema of the frontal sinus, upon which

four operations were performed. The combined cavities would hold two ounces of fluid, and in the left sinus the pulsations of the cerebral vessels gave visible movement to the purulent contents, though the brain was not damaged. The operations restored the health of the subject, a woman of sixty-six. The trouble appeared as a "boil" below the eyebrow, following a long period of frontal headache and catarrhal discharge from the nose.

2. Dr. Wilson's article is a long dissertation on embolism based on liberal quotations from Roger and Warthin. It is too lengthy to abstract and should be read in full.

### Modern Eclecticism.

Vol. II, No. 8. July, 1906.

1. Scarlatina or Scarlet Fever, - - - - - S. R. HARBIN.
2. Treating the Sick, - - - - - C. D. R. KIRK.
3. The National Convention, - - - - - G. ADOLPHUS.
4. Notes and Queries, - - - - - JOHN ALBERT BURNETT.
5. A Few Notes on Poisons—Their Antidotes and Abuses, S. H. HARRIS.

1. Dr. Harbin recounts the classical history of scarlatina, and in discussing the malignant form relates a case he treated in which the axillary glands sloughed out until the other contents of the space were visible. Apparently the same sort of inflammation obtained in the right eye which partially sloughed out. Large patches of skin and the whole soles of the feet exfoliated. Two younger girls in the family, who were not isolated, did not contract the disease. This the doctor attributes to the fact that they were given large doses of echinacea. His treatment of scarlatina, with few variations, is that recommended in the current Eclectic text-books.

2. Dr. Kirk reports a case of cystitis in a colored woman which baffled ordinarily prescribed remedies, but was relieved by starvation diet and onion tea. This led him to recall the results of others with red onion. Other cases presenting he used *R Specific allium cepa*, 3ij; essence of cinnamon, gtt. x; water, q. s. iv. Mix. Sig. One teaspoonful every one or two hours until somewhat relieved, then less often. Omit all stimulants—coffee, whiskey, spice, pepper, ginger, etc. Diet: Rice, soup, boiled milk, etc. A case of diabetes was similarly benefited.

4. Dr. Burnett's article is a list of answers given by teachers and practitioners of greater or less note to a few questions concerning the belching of gases and about otorrhœa. These answers show a great variation, and justly so, for the cases are imperfectly pre-

sented. Astrology is urged by one as an aid to diagnosis, which subject the reporter also seems have added to his many alleged qualifications to practice medicine.

5. Dr. Harris' paper is a tirade against the accepted methods of treating cases of poisoning in which, while some truths are uttered, there is much misguided reasoning.

Vol. II, No. 9. August, 1906.

1. Orchitis—Its Causes and Treatment, - - - - - I. N. STONE.
2. A Few Notes on Poisons, Their Antidotes and Abuses, - - - S. H. HARRIS.

1. Dr. Stone gives as the causes of most cases of orchitis gonorrhœa with bad or neglected treatment; a second, but rare, cause is injury. After pertinent remarks relative to carefulness in the treatment, he briefly outlines the symptoms, and then gives the following treatment with specific medicines for specific conditions:

"When the fever is high and the pulse weak and rapid give one drop aconite and from six to eight drops of phytolacca in a little water every two hours, and if there is very much pain you can add four to six drops of gelsemium to the above dose, sometimes one drop of belladonna instead of the gelsemium will act nicely, but my main objection to belladonna is that it dries the mouth and throat so badly it is often very annoying; the gelsemium and belladonna are fine to help relieve the pain and reduce the inflammation and I often use them in connection with the other mentioned remedies. Sometimes we will find a hard, bounding pulse instead of a weak, quick one, and in that event veratrum instead of aconite is indicated. I have also used sodium salicylate (from the oil of wintergreen) with very satisfactory effect, though occasionally I find a patient who can not take it on account of the nausea it produced and sometimes it produces a full feeling in the head, a 'drunk' feeling, and as soon as that condition arises I immediately discontinue the sodium salicylate. Phytolacca is the foundation upon which I build my treatment in all cases of orchitis, after phytolacca is prescribed I add other remedies according to symptoms, but the symptom for phytolacca is always present as long as there is any inflammation in the testicles. I always use external treatment, too. When I can get it conveniently I use the juice from the fresh phytolacca roots, mixed with flax seed meal or powdered ulmus fulva bark, but if I can't get the fresh juice I often use the fluid extract instead. Sometimes I use fresh mullein leaves, wilted in warm water and applied while they are warm, and by the way, this is a fine application and hard to beat. Sometimes I make a poultice of one part of powdered lobelia, two parts of powdered ulmus fulva bark and three parts of flax seed meal, mix with warm water, spread on thin cloth, a piece of muslin is the best kind I have ever used, and applied to the testicles; keep it there until it gets dry then renew the poultice. Where the pain is intense I often have

towels wrung from water as hot as can be borne, applied until relaxation is obtained and the pain subsides. Sometimes I have the patient keep a soft cloth damp with distilled hamamelis applied to the testicles and they get fine results from it, for it is one of our best antiseptics as well as a fine restorer. If orchitis is the result of external injury I prescribe arnica internally and externally. I give from one to two drops of the tincture in water every two hours and have a one ounce solution applied to the injured member. After dismissing a case of orchitis I generally put him on a tonic composed of nuxvomica, helonias, iron or some reliable preparation of hypophosphites compound, so as to overcome any bad effect that might arise. Often the testicles are left tender and a tonic is essential to restore the original vigor to the organs."

2. Dr. Harris relates an instance in which he believed a woman suffering from narcoting poisoning was "electrocuted" to death by the injudicious use of electricity as a reviving agent.

### The Medical Arena.

Vol. XVII, No. 8. August, 1906.

1. Intra-Uterine Medication, - - - - -	C. WOODWARD.
2. Eclectics of Kansas, - - - - -	JOHN H. RINEHART.
3. Flotsam and Jetsam, - - - - -	B. L. DAWSON.
4. Relief in the Last Stage of Consumption, - - -	F. J. PETERSEN.
5. Face Presentation, - - - - -	G. W. HULICK.
6. Alcohol as a Food and Medicine, - - - - -	W. J. MILLER.
7. Salpingo-Oophoritis, - - - - -	J. A. MILLER.

1. Dr. Woodward believes that too much "sweets" and too much salt have a deleterious effect upon the blood. By allowing only the minimum quantities of these and restoring elimination through natural channels uterine diseases will more readily yield to intra-uterine medication.

3. Dr. Dawson diagnoses blind fistula as follows:

"A man came into my office who said he had a place near the anus where he had a boil over a year before and it had not healed. He said his physician had been using caustic on the outside to make it heal. With a probe in the fistula and finger in the rectum I could only make out a blind fistula. I then introduced the speculum with blades open on side of fistula and injected some peroxide of hydrogen into the orifice of the fistula, and saw the foam boiling up between the blades of the speculum. This is a means of diagnosing I have not seen in medical literature. I cured his fistula, but not with caustic."

He cures urethral caruncle by cleansing with distilled hamamelis and hydrogen peroxide, and then applies twice a day a small

quantity of equal parts of solution of adrenalin chloride and glycerine. He advises gelsemium, 3 parts; aconite, 1 part; to be given in neuralgia of the fifth nerve, with aching teeth.

4. Dr. Petersen relieves the patient in the last stages of consumption with lachesis. He writes:

"Where a sense of constriction in the throat is present and at times cankers or ulcers in the mouth, so often met with in sufferers from tuberculosis of the lungs in the last stages, nothing will ease them more and make them as comfortable than Lachesis 12d. The best way to dispense is to put ten to fifteen drops of Lachesis 12d in four ounces of water, about three-fourths teaspoonful every one-half to one hour, until easier; then discontinue or give an occasional dose, say two or three doses a day. If at any time it increases symptoms, reduce strength and give in smaller doses. This remedy is entirely harmless and will wonderfully relieve most cases in the very last stages."

6. Dr. Miller's paper on alcohol as food and medicine should be read in full.

Vol. XVII, No. 8. September, 1906.

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|--|-----------|---------------------------|
| 1. Items,  | - - - - - | JOHN WHERRELL.            |
| 2. Notes from a Physician's Field Book,              | - - - - - | FRANKLYN PIERRE<br>DAVIS. |
| 3. Chronic Gastritis—Chronic Catarrh of the Stomach, | -         | S. F. MARSH.              |

1. Dr. Wherrell says nothing equals a mixture of collinsonia and lycopus for heart troubles, and advises potassium iodide, 10 grains, three times a day for hay fever with strong asthmatic symptoms. He derides the advice given in a late editorial advising the use of the pelvimeter in every case of expected parturition, and ridicules the test meal and the usual antiseptic method of obtaining it as the means of diagnosing hyperchlorhydria.

2. Dr. Davis advises calcium chloride, as a solution, or in powder if surface is raw, as a prompt agent to relieve eczema; employs oil of mullein in 5 drop doses three times a day for enuresis, withholding water or fruits for three or four hours before bedtime. He finds apomorphine the best remedy for puerperal eclampsia; employs a small camera to obtain pictures of skin disease, fractures, cancer, etc.; and relieves persistent hiccup with one-grain doses of camphor monobromate. He finds the following table very useful in making solutions of a definite percentage, using 1 ounce of menstruum in each instance: Grain i= $\frac{1}{4}$  of 1 per cent; grs. ij= $\frac{1}{2}$  of 1 per cent; grs. iv=1 per cent; grs. viij=2 per cent; grs. xvi=4 per cent; grs. xx=5 per cent; grs. xxiv=6 per cent; grs.

xxxii=8 per cent; grs. xl=10 per cent; grs. lx=15 per cent; grs. lxxx=20 per cent.

3. Dr. March treats chronic gastritis as follows. Get the confidence of the patient, make a proper selection of food and insist upon proper mastication. Do not allow patient to bolt his food or wash it down. Keep him in the open with deep breathing and plenty of pleasurable exercise. Change of climate sometimes aids, as well as the cold bath with vigorous rub-down. Give but little medicine and flush the lower bowel occasionally when there are fecal accumulations. The medicines most useful are:

"R. Powdered podophyllin, gr. i; powdered leptandrin, gr. ii; powdered hydrastis, gr. ij; sugar milk, dr. j. M. Put in twenty capsules. Sig. One capsule three times a day if necessary to regulate the bowels. Sometimes lavage of the stomach is a good thing to do when you can get the patient to consent to the use of a stomach tube. Plain water may be used or a weak solution of salt water, or a small quantity of sodium bicarbonate or boracic acid may be added. Sometimes small doses of hydrochloric acid will be of great benefit. Where there is atrophy of the peptic glands and a defect of mucus, a reliable preparation of pepsin will prove beneficial. Where there is general atony, pale tongue, slight nausea, bad taste in the mouth, and white ring around lips, Dr. Thomas gives the following: Nux vomica, gtt. x; phosphate of hydrastin, grs. x; water, oz. 8. M. S. Teaspoonful every four hours. Where there is much irritation of the stomach small doses of aconite and ipecac will often give relief.

### The Medical Harbinger.

Vol. VI, No. 4. (Quarterly.) October, 1906.

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|--|-----------------|
| 1. Varicocele, - - - - -                             | R. M. CATER.    |
| 2. Electrobiology, - - - - -                         | S. J. BROWNSON. |
| 3. Management of Normal Obstetrical Cases, - - - - - | G. O. HULICK.   |

1. Dr. Cater writes a good paper covering the natural history of varicocele and gives the palliative and surgical treatment. Injection methods, he says, are failures, and should be condemned, and while many succeed with subcutaneous ligation, he prefers the open method with resection of a bunch of veins.

2. Dr. Brownson's paper is an effort to substantiate the statement of a scientist of the past who declared "that electricity constituted the eternal substratum of all things." He shows electricity to be the greatest and finest force in life, and attempts to show that all disease has its origin in the disturbed equilibrium or lack of electrical balance.

3. Dr. Hulick's paper is intended chiefly for beginners in the obstetric art, and directs what not to do as well as what service to render. It covers the usual methods with a few slight variations.

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### Journal of Therapeutics and Dietetics.

Vol. I, No. 1. October, 1906.

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|---|-------------------|
| 1. Ergot, - - - - -   | A. WALDO FORBUSH. |
| 2. The Treatment and Cure of Chronic Constipation, -        | H. F. PITCHER.    |
| 3. Constipation and Its Mechanical Treatment, - - -         | NATHAN L. ALLEN.  |
| 4. Practical Points in the Artificial Feeding of Infants, - | J. A. DENKINGER.  |

1. Dr. Forbush gives a lengthy study of ergot, including its history, composition, physiologic and toxic action, and its therapy. The latter portion will be reproduced in a subsequent issue of the GLEANER.

2. Dr. Pitcher states that two-thirds of the patients coming to his office are constipated. He suggests a thorough physical examination of these cases. He enumerates the many causes which might be found to account for constipation. We should not only try to cure, but to teach people how to live to avoid constipation and its consequences. The habit is frequently formed in childhood, hence mothers should be instructed to train children in these matters. Seventy-five per cent of the drugs sold to the laity are cathartic or contain cathartics. We are a nation of drug users. Prevention is better than cure. When the bowel once loses its muscular control it is difficult to produce restoration. Some reach the point where they think the bowel is becoming paralyzed. The remedy suggested for these cases is mechanical vibratory stimulation. The method of employing it is described and illustrated cases reported.

3. Dr. Allen alludes to the many causes of constipation, mechanical, dietary, and neglect of nature's promptings. For its cure he believes we often attempt to do too much and to do that in too great a hurry. He advises to see how much nature can do first and then aid her by copious quantities of cold water, which is better than hot water to excite the flow of the digestive juices. Nature may be aided by the intelligent use of electricity and vibratory treatment.

4. Dr. Denkinger offers the first installment of an article entitled "Practical Points in the Artificial Feeding of Infants." This paper is so full of valuable matter that it can not well be abstracted and should be read in the original.

## PUBLISHERS' DEPARTMENT.

JOHN URI LLOYD, PHAR. M., EDITOR.

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### CONCERNING STIMULANTS. No. V. (DENATURED ALCOHOL.)

[BY THE DEPARTMENT EDITOR.]

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**Free, or Denaturalized Alcohol.**—The readers of the GLEANER, as well as the entire medical profession, are more interested in the subject of denaturalized alcohol, than may be at first imagined. Whilst free alcohol is to be used principally in the arts, and as a fuel, there are great possibilities, and especially in medicine. When one considers the immense difference in price between free alcohol and pure grain alcohol, it can be perceived that, with some persons, there will be a great inducement to use the cheaper alcohol in medicinal preparations. As a matter of fact, poisonous *wood alcohol* has already been criminally employed in the making of certain tinctures and medicinal compounds, for both internal and external use. Let us then ask the question,

**What is Free, or Denaturalized Alcohol?**—The fact can not be too strongly brought before our readers that the terms *Free Alcohol*, *Denaturalized Alcohol*, or *Denatured Alcohol*, are merely synonyms for *Corrupted* or *Adulterated Alcohol*. Its manufacture will be a conspicuous example of official, or lawful, adulteration, and in our opinion the term *Corrupted Alcohol* would be better, fairer, and more expressive than the mild and misleading term *Denatured*, or *Free Alcohol*. The substance in question is *not alcohol*, but a mixture, in which the larger constituent is alcohol. In order to avoid error of the ignorant, leading to its use as a beverage, we believe the word *alcohol* should be entirely rejected in its nomenclature. The only permitted title should be a created name that carries neither the word *alcohol*, nor *spirit*; a short, easy name, free to the world in connection with the new mixture, but confined to that mixture only. The many tragedies resulting from the use of *wood alcohol* as a beverage, by ignorant persons who are misled by the unfortunate similarity of names will, we fear, be more than



paralleled by the attempted use of *free alcohol* as a cheap intoxicant by those ignorant of its nature.<sup>1</sup>

In order to produce Denaturalized, or Free Alcohol, some extraneous material must be introduced into the grain alcohol that will give it not only a foreign odor, but an objectionable quality for either internal medicinal preparations or for beverages. Possibly the substance selected as an admixture will also be possessed of poisonous, or at least of energetic physiological qualities, so that if free alcohol be used internally, its effects will be violent or injurious. Several deleterious substances occur to mind as carrying these energetic qualities, among them being wood alcohol, carbolic acid, formaldehyd, camphor, oil of mirbane (Nitro-benzole<sup>2</sup>), and similar substances which, mixed or unmixed, are possessed of characteristic odors and energetic qualities. Let us consider some of the necessary qualities of such an adulterant.

**The Corrupting Sophisticant** must be volatile, and also of such a nature as to pass over with the alcohol on distillation. It must be inseparable when the alcohol is mixed with water, nor easily separated by any chemical reaction. For example, if the substance employed can be fixed by the addition, say of sulphuric acid, the resultant mixture could then be illegally distilled, and pure grain alcohol surreptitiously obtained. Could it be precipitated by the addition of water or a chemical reagent, the same result would follow redistillation. Hence, in order to guard against such possibilities, the substance used as a sophisticant must be possessed of qualities that will carry it with the alcohol, through whatever manipulations it may pass. This leads us to ask if the problem of free alcohol for use in the arts has been solved elsewhere? Can we profit by the experience of others?

**Corrupted Alcohol**, in both France and Germany, has long given manufacturers of substances used in the arts a great advantage over American manufacturers. It has also given persons desirous of a cheap fuel, a convenient, very hot flame producer, which has resulted in the benefit to manufacturers of those countries of millions of dollars, that otherwise would have remained in America. It is probable that the materials now employed to corrupt the alcohol in those countries will be adopted in America. Let us next inquire where "Free Alcohol" can be legitimately utilized.

<sup>1</sup>The current issue of the Druggists' Circular carries an inquiry as to whether free alcohol is to be used in pharmaceutical preparations.

<sup>2</sup>This body I have not seen mentioned elsewhere for this purpose, but its characteristic odor renders it a possibility as an admixer.

**Free Alcohol** will doubtless be more or less used in making certain medicinal substances soluble in alcohol, from which, when finished, the alcohol has been entirely separated by distillation. It will be especially adapted to the making of varnishes and paints, as well as lacquers and other materials of a similar nature, from which, when spread, the alcohol evaporates. The photographic and textile industries and a host of similar commercial enterprises will surely benefit immensely in the Free Alcohol that next January will be within their reach. The saving in these directions in America will be enormous, and it is to be hoped that the reduction in price in some directions to consumers of such products, will be most marked.

**Profit to Consumers.**—But it is possible, and indeed probable, that in many directions the saving with a single article or small amount of a substance, will be inconsiderable. For example, the difference in cost of the alcohol used in making one straw hat may be but the fraction of a cent, which will not be a possible factor to the purchaser of a single straw hat. And yet, the aggregate saving with a million straw hats will amount to a considerable sum. The difference in cost of the varnish used in finishing a single implement, say a rake or a hoe, may be scarcely sufficient to make a change in the retail price of the implement, and yet a feature of magnitude in the aggregate, it may enable the manufacturer to improve conditions generally about his factory, and compete the more successfully with the outside world. Thus, whilst in a multitude of directions the result may not be directly apparent, free alcohol will surely be of incalculable benefit to American industry and American progress, and its use will surely creep into every channel of industrious prosperity.

THE SPANISH WAR TAX placed a heavy burden on the *manufacturers* of many legitimate pharmaceutical preparations, and yet the increase on each bottle was so small as not to warrant an increase in the list price of the remedy. Few physicians are aware of the burden thus thrown upon the legitimate manufacturing pharmacists, who did not increase the list price of their preparations, believing that in a time to come the onerous tax would be removed, as it was finally removed. In a reverse manner, the utilization of free alcohol in the arts will materially benefit certain manufacturers of commercial products, who, however, will not be able to reduce the price of a separate item of an immense yearly output. In this connection the question arises concerning the

**Utilization of Corrupted Alcohol in Medicine.**—Turn to the Eclectic Medical Journal, January, 1905, and May, 1905, and read the editorials by this writer anticipating the possibility of free alcohol in medicine. That distant possibility is now an approaching probability. Wisely have the framers of this Free Alcohol Bill considered the phase of the subject that took our thought when the editorials above referred to were written, a phase that concerns those who either dispense or take liquid remedial agents, viz., preparations to be taken internally, in which the alcohol is a part of the remedy. Let us quote from the new law as follows:

"Any person who uses alcohol withdrawn from bond under the provision of section one of this act for manufacturing any beverage or medicinal preparation, \* \* \* shall on conviction of each offense be fined not more than \$2,500, or be imprisoned not more than five years, or both, and shall, in addition, forfeit to the United States all personal property used in connection with his business, together with the buildings and lots or parcels of ground constituting the premises on which said unlawful acts are performed or permitted to be performed."

This seems to be so specific as to prohibit any manufacturer of medicinal preparations from allowing any free alcohol to go into any medicinal preparation whatever, as well as to prevent any maker of beverages from utilizing this impure alcohol either before or after distillation, in any beverage whatever.

**Law Breaking.**—The records of the courts demonstrate, however, that the law breaker is ready to take any risk whatsoever. The counterfeiter, knowing the ultimate result of counterfeiting, pursues his vocation and faces the penitentiary. The criminal knowingly violates the laws that are placed upon the statute books to protect the people of the country against rascality and corruption. The swindler stalks abroad and advertises in the press his schemes to fleece the people, realizing that ultimate discovery is certain. Hence, unless there be no criminals, no swindlers, no corruptionists among the makers or dispensers of medicine, or in the line of beverage making, we may expect that some imposition will follow the advent of the impure solvent. The profit to be obtained, if the art of substituting free alcohol for pure alcohol be carried to any extent, will be many times that possible in legitimate business. A fraction of this difference would be a mighty profit in pharmacy. Swindlers and gangsters who at present do not think of pursuing their vocation within the field of pharmacy, will turn their eyes longingly in the direction of the opening opportunity. With such

as these, the Government, the profession, and the people will alike have to contend. Flaming advertisements by professional schemers may herald the introduction into medicine and into pharmacy, of a class of people whose time is now largely taken up by mining schemes, land enterprises, and the like. Eternal vigilance as concerns medicinal products will hence become, perhaps, more necessary with the consumer of medicines than it has been in the past. But in it all the fact will be apparent that the exposure of a corruptionist will no more mean a reflection on the reliable class of manufacturing pharmacists in America, than does the exposure of a swindler in any other direction, portend that all men engaged in a like business, are swindlers. Let us now see in what directions free alcohol can be legitimately utilized in the line of remedial agents, accepting that it must be excluded wholly from every preparation that carries a trace of alcohol in its substance, which fact excludes this impure alcohol from the line of syrups, elixirs, tinctures, fluid extracts, and the liquid medicinal preparations generally.

**Free Alcohol in Pharmacy.**—Included among the remedies employed by physicians are several in which alcohol is a manufacturing factor, but in which no alcohol is found in the finished product. Among these may be mentioned the resins, the oleo-resins, the alkaloids, the so-called resinoids and concentrations, the glucosides, and such other substances as are abstracted by means of alcohol. Another and less important class of substances are those insoluble in alcohol, but which at some period in their manipulation are thrown out of solution by the use of alcohol, and thus, by its purifying properties, are obtained in a condition susceptible to further elaboration. A third class, the reverse in nature of the preceding class, may be cited as consisting of materials that are purified by the use of a solvent, where alcohol dissolves and thus separate from these materials a substance soluble in alcohol. Let it be observed that in all these directions, and with all these substances, the desired final product carries no alcohol whatever, and is therefore not to be included in the class of alcoholic remedies, or alcoholic beverages.

Take now from this class one item of universal employment in medicine, for example, morphine. One of the processes for obtaining morphine, employs alcohol as a purifying agent, although water is used as a first step in extracting the opium. The alcohol used in the manipulative process is largely recovered by distilla-

tion, and excepting the loss, utilized over and over again, but there is a constant wearing out of alcohol under such conditions, and while the difference in price between alcohol at say 50 cents a gallon, and alcohol at \$2.65 a gallon will in the aggregate amount to considerable, yet it is a question as to whether this difference will amount to the fraction of a mill on an eighth of an ounce of morphine, or the amount usually purchased by physicians. Pass to the other alkaloids that have extended value in medicine, codeine, cocaine, atropine, pilocarpine, quinine, and so forth, in which alcohol, as a rule, is employed somewhere in the manipulative process. With all of these it is probable that the difference in price between the alkaloid made with free alcohol and that made with pure alcohol, will be difficult of calculation, as concerns a single item or a small amount sold to consumers. Hence, in our opinion, those who anticipate that manufacturers of such medicinal preparations will find it possible to materially change their lists, are doomed to disappointment. But yet, the aggregate saving in these directions may enable manufacturing establishments to better the conditions of their laboratories, to improve their apparatus, to reduce the price of bulk sales on large amounts, and, perhaps, to reduce the price of some products in small parcels.

Take now such substances as the resins, in which alcohol is wholly employed in the percolation of a drug. Here, from competitive necessity, the loss of alcohol in the manipulative process has already been reduced to a minimum, so that in a properly arranged laboratory, after the first investment is made, the loss of spirit is inconsiderable. For example, the apparatus of the writer works automatically and is hermetically sealed, so that the process continues without any atmospheric exposure whatever, and without any appreciable loss of alcohol. In a case like this, there would be little difference in expense as concerns a small amount of the product were the cheaper alcohol used. Thus it seems to the writer as though the legitimate manufacturers of medicinal preparations will be in about the position they were at the time of the Spanish War Tax, so far as attempting to change the list price of their preparations is concerned.

**A Question.**—And now a question arises as to the result of the substitution of free, or corrupted alcohol, in the making of some preparations, the quality of which has been established by the use of pure alcohol, but which carry no alcohol in the finished product. Will they be identical? This will depend upon the substance con-

cerned, as well as the nature of the corrupting agency. The solvent powers of the impure or free alcohol, together with its other attributes, may be materially different from those of pure alcohol, so much so that the nature of some finished products will be quite different from the original standards. This unknown factor which must be met, has not been mentioned, so far as this writer is aware.

**To Sum Up.**—The first of next January, free, or corrupted alcohol, is expected to become an article of commerce. It can then be used, without any question whatever, to great advantage in the arts, and in commercial directions, such as the making of varnishes. The reduction in price of the product so manufactured will be considerable, but the itemized savings with such substances in a small way, will often be too small to become a commercial factor. From internal medicine and from the stimulating beverages, free alcohol must be rigorously excluded. As a fuel, and where alcohol is bodily consumed in the arts, the demand for free alcohol will be enormous. Considering the opportunities given distillers to utilize waste products, now impossible, and considering the amount of grain and fruits that will be consumed in the making of this free alcohol, it is probable that the greatest benefit to be derived by the people at large, will consist in the return that comes to the agriculturalist, whose starch and sugar products are increased in demand; the workman whose opportunities for employment are broadened; the mechanic concerned in making apparatus and new buildings; the capitalist whose money is invested in a new field that will bring a safe and certain return, and finally, the country at large, whose increased prosperity will be enormously widened through these various avenues.

But as concerns its use in medicine, the best of medicine is none too good for either the consumer of medicines or the dispenser of medicines. In the making of medicines, the purest of alcohol is none too pure.

In connection with this subject it may be repeated that so-called official, *pure* alcohol, is not, in our opinion, pure enough for making the medicines that have been established in Eclecticism. It is therefore illogical to devise expensive methods of purifying alcohol that is already officially pure, and then, because an impure commercial alcohol is cheaper, tolerate the use of a compound mixed, by law, with large amounts of the most objectionable adulterants.

## CONCERNING BOOKS.

By H. W. FELTER, M. D.

What to do before and after operations is a problem that has often confronted physicians. It is answered fully in a small manual titled "Before and After Surgical Operations," by Dean T. Smith, B. Sc., M. D., Professor of Surgery in the Homœopathic Department of the University of Michigan. (pp. 260; cloth, \$1.25 net; postage 8 cents. Boericke and Tafel, 1011 Arch Street, Philadelphia, Pa., 1906.) Every physician has realized the necessity of a better knowledge of after treatment in surgical cases. Indeed one of the drawbacks to having operations performed is the too frequent custom of having the surgeon operate and then leave the case in the hands of those illy prepared, by lack of experience and knowledge to care for the patient. This book will fill a want and is equally valuable to physicians and nurses. The matter is prepared with reference to home and hospital operations, has a chapter on the care of the eye, ear, nose, and throat by Professor R. S. Copeland, and a chapter on Dietetics by Myrta M. Woodson. Added to these the book is doubly valuable in containing a large amount of homœopathic therapeutics, thus emphasizing an oft neglected truth—that surgical cases are not so wholly surgical, but that they require medicines as well.—It is not too early to say that mechano-therapy has a field in medicine and will come to be recognized as an important feature in the treatment of many disorders not now benefited by the ordinary methods with drugs. We believe it will be a valuable adjunct to other therapeutic means. A small book upon this subject has just appeared that is evidently not the output of some commercial interest, and its illustrations, which are unusually good are free from advertiser's names. The title is "Rhythmotherapy, or a Discussion of the Physiologic Basis and Therapeutic Potency of Mechano-vital Vibration;" to which is added a Dictionary of Diseases, with detailed suggestions as to the technic of vibratory therapeutics, with illustrative plates, by Samuel S. Wallian, A. M., M. D. (Chicago, Quелlette Press, 1906. Price \$1.50 net, postage 10 cents.) This book is plainly written and presents the subject matter in an unbiased manner. The last half of the book consists of a dictionary of treatment of individual diseases by rhythmotherapy, a word coined by the author. The book deserves a wide sale.—Another book on a similar topic, but more extended in scope and of greater pretensions, is "Modern Physiotherapy," by Otto Juettner, A. M., Sc. M., M. D., M. E., Ph. D. (Harvey Publishing Company, Cincinnati, O.; pp. 513; profusely illustrated. 1906.) This beautifully gotten-up book is divided into two sections. I. The Principles of Physiological Therapeutics; II. The Practice of Physiological Therapeutics. Beginning with the philosophy of physiotherapy, the author takes up successively personal hygiene, dietetics, the effects of heat and cold, mechano-therapy, force and force modalities, the therapy of light, the elements of electro-physics

and electro-mechanics, the therapeutics of various electric currents, X-ray diagnosis, and the principles and practice of X-ray-therapy. The last 216 pages are devoted to a therapeutic index of the drugless treatment of disease. So fully and well is the ground covered that the physician seeking other than medicinal means of treating disease should not overlook this work, one of the first and best in its field.—What physician has not been puzzled to know what to give his patients to eat and more puzzled to know how to prepare the food after he has selected it? To help the doctor out of just such a pinch as this let us recommend to you a work that is so popular that it is now in its fourth edition. It is "Practical Dietetics, with Reference to Diet in Disease," by Alida Francis Pattee (A. F. Pattee, Publisher, 52 West Thirty-ninth Street, New York City. Cloth, 4th edition; pp. 312; \$1.00 net; by mail, \$1.10; C. O. D., \$1.25. 1906). This book is invaluable to the doctor and the nurse, and is both scientific and practical. It covers the dietetic principles in a brief yet simple and readable manner. Then follows formulæ for every kind of food, liquid, solid, or semi-solid, for the adult or for the infant. Lastly, diet in disease is taken up in connection with such disorders as fevers, diabetes, Bright's disease, gout, typhoid fever, scarlet fever, and a number of other affections. No physician can afford to be without this book. It is attractively bound in the blue and white striped cloth made so familiar in the nurses' garb.—The wealth of material usually crowded into text-books on legal medicine make them so voluminous that the student can not devote his time to this important subject, no matter how interesting such elaborate and many-volumed treatises may be. Neither can he be adequately paid for giving time to a mere compend. One book, however, that occupies a middle ground, is fascinating, and covers for all purposes the subject, has been issued in the seventh edition. The title is "Text-Book of Medical Jurisprudence and Toxicology," by John J. Reese, M. D., late Professor of Medical Jurisprudence and Toxicology in the University of Pennsylvania. Revised by Henry Leffmann, A. M., M. D. (pp. 656. Philadelphia, P. Blakiston's Son & Co., 1012 Walnut Street, 1906. \$3.00 net.) This work presents just about the amount of matter necessary for a term of lectures upon legal medicine. The ground covered may be seen by the contents: Introduction, phenomena and signs of death, medico-legal investigations, the post-mortem, presumption of death and of survivorship, personal identity, causes producing violent death, feigned diseases, pregnancy, criminal abortion, or feticide; infanticide, legitimacy—inheritance, rape, insanity, malpractice, life insurance, and toxicology.—To be up to date dictionaries of medicine must be frequently revised and added to. The student or doctor wanting a splendid work of this kind will find it in Dorland's fourth revised edition—"The American Illustrated Medical Dictionary," by W. A. Newman Dorland, A. M., M. D. (Philadelphia and London, W. B. Saunders's Company, 1906. Plain, \$4.50 net; thumb index, \$5.00 net.) Over 2,000 new words have been added, besides some new plates and figures. Beautifully bound in



flexible red leather and stamped in gold. We know of no work possessing so simple a method of pronunciation and greater clearness of definition.—Embodied in the "Second Report of the Wellcome Research Laboratories, Gordon Memorial College, Khartoum," are many facts of interest to physicians. The function of these laboratories are: a. To promote technical education; b. To promote the study, bacteriologically and physiologically, of tropical disorders, especially the infective diseases of both man and beast peculiar to the Sudan, and to render assistance to the officers of health, and to the clinics of the civil and military hospitals; c. To aid experimental investigations in poisoning cases by the detection and experimental determination of toxic agents, particularly the obscure potent substances employed by the natives; d. To carry out such chemical and bacteriological tests in connection with water, food stuffs, and health and sanitary matters as may be found desirable; e. To promote the study of disorders and pests which attack food and textile producing and other economic plant life in the Sudan; f. To undertake the testing and assaying of agricultural, mineral, and other substances of practical interest in the industrial development of the Sudan. We shall refer to this volume again.

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## COUGH.

(Continued from page 468.)

scribing sloppy opium bearing cough syrups in my opinion should be condemned. We occasionally meet with a cough that is so severe and persistent that rest for our patient and to preserve the integrity of the lung tissue, a temporary interruption is imperatively demanded, though it is secured by an opiate. The harsh, rasping cough, with scanty expectoration, all indications pointing to acute laryngeal or bronchial catarrh, will require the special sedatives, such as veratrum, aconite, lobelia, etc., in rather liberal doses as may be indicated. The cough attended with feeble circulation and free secretion, will require stimulants, such as the ammonium salts, small doses of sanguinaria, stimulating applications to the chest, etc. When the cough proceeds from parts remote from the respiratory organs, treatment appropriate to the relief of these will cure the cough.—*The American Medical Journal.*

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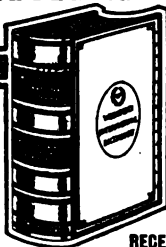
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"Lund, July 20, 1898.

(Signed) SEVED RIBBING, Professor."

¶ Here is what another famous Swedish physician says of Salubrin. HENRIK BERG, M. D., in his "Läkarebok," a hand-book on diseases and their treatment, Stockholm 1903-1904 (p. 52), writes:

¶ "My personal experience with Salubrin, during many years in treating healthy and clean wounds, neglected wounds, tuberculous wounds, and suppurating wounds, is that Salubrin is a non-poisonous, very reliable antiseptic remedy. That this remedy has no obnoxious odor (like lysol or iodoform) is a great merit. . . . I wish to add that in every case of serious blood poisoning, from whatever cause (even snake poison and severe diphtheria), I never fail to give acetic ether or diluted Salubrin internally, as an antitoxic, and I would advise my readers in similar cases not to neglect this simple and absolutely harmless remedy."

¶ DR. CHR. R. HOLMES, of Cincinnati, published in the LANCET-CLINIC, April 15, 1905, an extensive article on the use of Salubrin, to which we beg to refer. A reprint of this article, as well as sample bottles of Salubrin, will be sent free to any physician on request.

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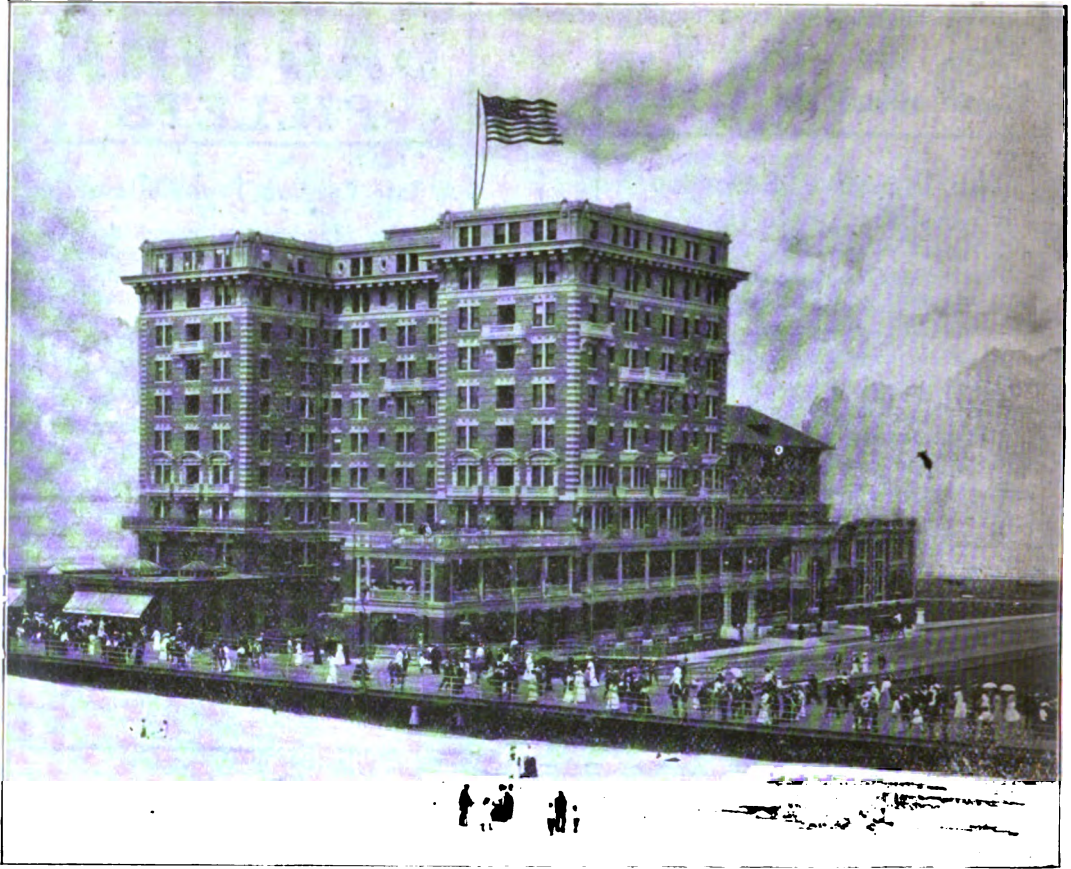
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## HEART AND CIRCULATION.

**Sp. Med. Adonis Vernal.**—Diminished arterial pressure, shortened diastole, venous fullness, weak, intermittent pulse, valvular insufficiencies; dyspnoea from feeble heart. *Dose:* Ten to 20 drops to 4 ounces water, mix; teaspoonful every 2 to 3 hours.

**Ammonium Carbonate.**—Weak and feebly-acting heart, with danger of collapse and syncope, pallid, cold skin. *Dose:* One to 2 grains every hour.

**Sp. Med. Cactus.**—Palpitation, shortness of breath on slight exertion, a sudden feeling of emptiness in cardiac region, and an unpleasant irritability of entire nervous system; "tobacco heart;" unpleasant sensation in præcordia, heart's action is always impaired, never increased; quick, feeble pulse, without strength; anxiety, restlessness. *Dose:* From  $\frac{1}{2}$  to 2 drops, in water, every 2 to 3 hours.

**Caffeine.**—Is a heart stimulant. Cardiac insufficiency; weak heart, renal torpor and dropsy depending upon it; feeble and irregular heart's action. *Dose:* Two grains every 2 hours.

**Sp. Med. Convallaria Maj.**—Mitral insufficiency, dyspnoea, palpitation, vehement action of heart with disordered rhythm; dropsy of cardiac origin. *Dose:* Two to 5 drops every 2 to 4 hours.

**Sp. Med. Digitalis.**—Weak, rapid, irregular heart, low arterial tension. Faint heart

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